FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

745731

(0)

FILED May 20 1998 8:00am Secretary of State

LA JOLLA 200 HOME OWNERS ASSOCIATION, INC.				:			
Principal Place	of Business	Mailing Address					- 1 100/11 100/11 0/100 0/111 10004 11101 1101 1101 0/101 0/101 0/101 0/101 0/101 0/101
1901 SW 29 TERRACE OCALA FL 34474 US		1901 S.W. 20TH TERRACE OCALA FL 34474 US					3. Date Incorporated or Qualified 01/26/1979 4. FEI Number Applied For
							59-1982300 Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address 26	¬				5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	¥, e tc.	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
City & State	City & State	dv & State				Trust Fund Contribution	
23	•	<u> </u>	28				7. Is this nonprofit corporation a homeowners association? Yes No
Zip				ntry			8. This corporation owes or has paid the current year Intangible
24	25	29	30				Personal Property Tax due June 30. Yes X No
	9. Name and Address of Curren	it Registered Agent		81	A 1		10. Name and Address of New Registered Agent
				[51]	Name		
GARRISON, GEORGE				82	Street	Addres	ess (P.O. Box Number is Not Acceptable)
1803 S.W. 29TH TERRACE OCALA FL 34474				83			
UCALA	TL 09979						le-La-Out
				84	City		FL 85 Zip Code
11. Pursuant t office or re agent. Lar	 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 						
SIGNATURE							
12.	Signature, typod or printed name of registered age OFFICERS AN		E: Registered	d Age	nt signatur	re required	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 10	TLE	***	Т	Change Addition
NAME	GARRISON, GEORGE		1.2 N/	ME			
STREET ADDRESS	1803 S.W. 29TH TERRACE		1.3 \$		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CI	TY-S	T-ZIP	<u>.]</u>	
TITLE	TD	☐ DÉLETE	2.1 Tr	TLE			Change Addition
NAME	RODEWALD, KEITH		2.2 N	ME			
STREET ADDRESS	1806 SW 29TH TERRACE		2.3 \$1	reet	address		
CITY-ST-ZIP	OCALA FL	T DECETE			ST-ZIP	_	Change Addition
TITLE	SD	☐ DELETE	3.1 Ti				
NAME	VANLEER, PATRICIA 1802 SW 29 TERR		3.2 N/		ADODECC		
STREET ADDRESS	OCALA FL		- 1		ADORESS St-Zip		
CITY+ST-ZIP TITLE	D	DELETE	4.1 TO		SI-ZIP	+	Change Addition
NAME	SHEFFEILD, CLIFFORD		4. 2 N				 . • • -
STREET ADDRESS	1810 SW 29 TERR				ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CI				
TITLE	D	☐ DELETE	5.1 TO				☐ Change ☐ Addition
NAME	SPOSATO, GENE		5.2 N	AME			
STREET ADDRESS	1902 SW 29TH TERRACE		5.3 S1	FAEET	ADDRESS		
CITY-ST-ZIP	OCALA FL	· - <u></u>	5.4 CI	TY-S	T-ZIP		
TITLE	VD	☐ D€LETE	6.1 Tf	TLE			☐ Change ☐ Addition
NAME	MONCURE, DEBBIE		6.2 N/	AME			
STREET ADDRESS	59 00 SW 42ND AVE		6.3 ST	TREET	ADDRESS		
CITY-ST-ZIP	OCALA FL	20-10-2-10 days and c - 127-7			T-ZiP	1	Costion 110 07/2Vi) Floride Statutes I further cortify that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GEORGE GARRISON