

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723095 (6)

1. Corporation Name
DIXIE GROVES COMMUNITY ASSOCIATION, INC



Principal Place of Business: P.O. BOX 3582 HOLIDAY FL 34690
Mailing Address: P.O. BOX 3582 HOLIDAY FL 34690

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1972	3a. Date of Last Report 03/09/1995
21		26		4. FEI Number 59-1801966	Applied For <input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent
**STOVER, DONALD R
5306 FRONT DRIVE
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent
81 Name: **ED CASSINI**
82 Street Address (P.O. Box Number is Not Acceptable): **1901 PATRIOT LN**
83
84 City: **HOLIDAY FL** 85 Zip Code: **34690**

11. 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: *Edward Cassini* DATE: **3-30-96**
Signature, typed or printed name of registered agent and Title, if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	STOVER, DONALD R	1.2 NAME
STREET ADDRESS	5306 FRONT DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP
TITLE	TD	2.1 TITLE
NAME	STOVER, RUTH G	2.2 NAME
STREET ADDRESS	5306 FRONT DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP
TITLE	VPD	3.1 TITLE
NAME	NETHERLAND, MAURICE	3.2 NAME
STREET ADDRESS	5145 TAMMY LANE	3.3 STREET ADDRESS
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP
TITLE	SD	4.1 TITLE
NAME	BRADY, ANN MARIE	4.2 NAME
STREET ADDRESS	5137 PANORAMA AVE	4.3 STREET ADDRESS
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP
TITLE	D	5.1 TITLE
NAME	BRADY, JACK	5.2 NAME
STREET ADDRESS	5137 PANORAMA AVE	5.3 STREET ADDRESS
CITY-ST-ZIP	HOLIDAY FL	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE
NAME	THUMAN, JOHN A.	6.2 NAME
STREET ADDRESS	1722 COCKLESHELL DRIVE	6.3 STREET ADDRESS
CITY-ST-ZIP	HOLIDAY FL	6.4 CITY-ST-ZIP

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ED CASSINI	
1.3 STREET ADDRESS	1901 PATRIOT LN.	
1.4 CITY-ST-ZIP	HOLIDAY FL	
2.1 TITLE	T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VIRGINIA RYAN	
2.3 STREET ADDRESS	498 FRUITWOOD LOOP	
2.4 CITY-ST-ZIP	HOLIDAY FL	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MINNA CHAMBERLAIN	
3.3 STREET ADDRESS	1904 VICEROY LN	
3.4 CITY-ST-ZIP	HOLIDAY FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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.

SIGNATURE: *Edward Cassini* DATE: **3-30-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)