


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **723095** (6)
1. Corporation Name
DIXIE GROVES COMMUNITY ASSOCIATION, INC



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| Principal Place of Business P.O. BOX 3582 HOLIDAY FL 34690 | Mailing Address P.O. BOX 3582 HOLIDAY FL 34690-0582 |
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| 3. Date Incorporated or Qualified 04/10/1972 | 3a. Date of Last Report 04/02/1996 |
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| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
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| 4. FEI Number 59-1801966 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
CASSINI, ED
1901 PATRIOT LANE
HOLIDAY FL 34690

10. Name and Address of New Registered Agent
81. Name
MINNA CHAMBERLAIN
82. Street Address (P.O. Box Number is Not Acceptable)
1909 VICEROY LANE
83. City
HOLIDAY
84. State
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: *Minna Chamberlain* (NOTE: Registered Agent signature required when reinstating) DATE: **4/9/97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASSINI, ED | 1.2 NAME | MINNA CHAMBERLAIN |
| STREET ADDRESS | 1901 PATRIOT LANE | 1.3 STREET ADDRESS | 1909 VICEROY LANE |
| CITY-ST-ZIP | HOLIDAY FL | 1.4 CITY-ST-ZIP | HOLIDAY, FL |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RYAN, VIRGINIA | 2.2 NAME | GRACE MARKS |
| STREET ADDRESS | 4418 FRUITWOOD LOOP | 2.3 STREET ADDRESS | 7629 DANDER DR. |
| CITY-ST-ZIP | HOLIDAY FL | 2.4 CITY-ST-ZIP | HOLIDAY, FL 34690 |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAMBERLAIN, MINNA | 3.2 NAME | BINGER THOMPSON |
| STREET ADDRESS | 1909 VICEROY LANE | 3.3 STREET ADDRESS | 5300 SPANISH TRAIL |
| CITY-ST-ZIP | HOLIDAY FL | 3.4 CITY-ST-ZIP | HOLIDAY, FL |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADY, ANN MARIE | 4.2 NAME | LORETTA MICHAEL |
| STREET ADDRESS | 5137 PANORAMA AVE | 4.3 STREET ADDRESS | 4835 LAKE RIDGE LANE |
| CITY-ST-ZIP | HOLIDAY FL | 4.4 CITY-ST-ZIP | HOLIDAY, FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADY, JACK | 5.2 NAME | KAY WILLIAMS |
| STREET ADDRESS | 5137 PANORAMA AVE | 5.3 STREET ADDRESS | 1420 WICKHAM LANE |
| CITY-ST-ZIP | HOLIDAY FL | 5.4 CITY-ST-ZIP | HOLIDAY, FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | |

14. I do 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 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: *Minna Chamberlain* DATE: **4/9/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0069115

CR2E037 (9/96)