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FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

04/10/1972

4. FEI Number

59-1801966

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

28
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBERLAIN, MINNA
1909 VICEROY LN
HOLIDAY FL 34690**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

85 Zip Code

JEANNE L. PETERS

5146 SANDALWOOD DR

HOLIDAY, FL

FL

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 **JEANNE L. PETERS Pres.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARKS, GRACE	
STREET ADDRESS	1829 DANDER DR	
CITY-ST-ZIP	HOLIDAY FL	

1.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARKS, GRACE	
1.3 STREET ADDRESS	1829 DANDER DR	
1.4 CITY-ST-ZIP	HOLIDAY, FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMPSON, GINGER	
STREET ADDRESS	5300 SPANISH TR	
CITY-ST-ZIP	HOLIDAY FL	

2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Virginia W Thompson	
2.3 STREET ADDRESS	5300 Spanish Tr. (ginger)	
2.4 CITY-ST-ZIP	Holiday Fl. 34690	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERLAIN, MINNA	
STREET ADDRESS	1909 VICEROY LANE	
CITY-ST-ZIP	HOLIDAY FL	

3.1 TITLE	JEANNE PETERS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JEANNE PETERS	
3.3 STREET ADDRESS	5146 SANDALWOOD DR	
3.4 CITY-ST-ZIP	HOLIDAY, FL 34690	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MICALER, LORETTA	
STREET ADDRESS	4835 LAKE RIDGE LN	
CITY-ST-ZIP	HOLIDAY FL	

4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Helen M. Fearon	
4.3 STREET ADDRESS	1925 Viceroy Lane	
4.4 CITY-ST-ZIP	Holiday Fl 34690	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM, KAY	
STREET ADDRESS	1420 WICKHAM LN	
CITY-ST-ZIP	HOLIDAY FL	

5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BERTHA MITCHELL	
5.3 STREET ADDRESS	1844 ARCADIA RD.	
5.4 CITY-ST-ZIP	HOLIDAY FLA. 34690	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THUMAN, JOHN A.	
STREET ADDRESS	1722 COCKLESHELL DRIVE	
CITY-ST-ZIP	HOLIDAY FL	

6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CHARLES MITCHELL	
6.3 STREET ADDRESS	1844 ARCADIA RD.	
6.4 CITY-ST-ZIP	HOLIDAY, FLA 34690	

14. 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 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: **JEANNE L. PETERS** 3-6-98

CR2E037 (10/97)