


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 723095 (6)  
1. Corporation Name  
DIXIE GROVES COMMUNITY ASSOCIATION, INC



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

3. Date Incorporated or Qualified  
04/10/1972  
4. FEI Number  
59-1801966  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Sulte, Apt. #, etc. 28 Sulte, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 29 Zip Country  
24 25 29 30

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  
CHAMBERLAIN, MINNA  
1909 VICEROY LN  
HOLIDAY FL 34690

10. Name and Address of New Registered Agent  
81 Name Jeanne L Peters  
82 Street Address (P.O. Box Number is Not Acceptable) 5146 Sandalwood Dr  
83 Holiday, FL  
84 City 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 Jeanne L Peters Pres. DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD MARKS, GRACE 1829 DANDER DR HOLIDAY FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	VP THOMPSON, GINGER 5300 SPANISH TR HOLIDAY FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	PD CHAMBERLAIN, MINNA 1909 VICEROY LANE HOLIDAY FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	SD MICHALER, LORETTA 4835 LAKE RIDGE LN HOLIDAY FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	D WILLIAM, KAY 1420 WICKHAM LN HOLIDAY FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE	D THUMAN, JOHN A. 1722 COCKLESHELL DRIVE HOLIDAY FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE	TD MARKS GRACE 1627 DANDER DR HOLIDAY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP Virginia W Thompson 5300 Spanish Tr. Holiday Fl. 34690	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JEANNE PETERS 5146 SANDALWOOD DR HOLIDAY, FL 34690	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD Helen M. Fearon 1925 Viceroy Lane Holiday Fl 34690	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BERTHA MITCHELL 1844 ARCADIA RD. HOLIDAY FLA. 34690	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CHARLES MITCHELL 1844 ARCADIA RD. HOLIDAY, FLA 34690	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 3-6-98

CR2E037 (10/97)