

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90296 002 ****61.25

DOCUMENT # 723095

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	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number	
22. City & State		27. City & State		5. Certificate of Status Desired	
23. Zip		29. Zip		6. Election Campaign Financing	
24. Country		30. Country		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PETERS, JEANNE-L 5146 SANSALWOOD DRIVE HOLIDAY FL 34690 <i>President</i> →				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. Zip Code			

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* DATE: *1/19/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>Treasurer</i>	1.1 TITLE	<i>Pres.</i>
NAME	MARKS, GRACE <i>D</i>	1.2 NAME	<i>Minna Chamberlain</i>
STREET ADDRESS	1620 DANDER DR	1.3 STREET ADDRESS	<i>1909 Viceroys Lane</i>
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	<i>Holiday - 34690</i>
TITLE	VP	2.1 TITLE	<i>J.P.</i>
NAME	THOMPSON, GINGER <i>D</i>	2.2 NAME	<i>Donna Cassini</i>
STREET ADDRESS	5300 SPANISH TR	2.3 STREET ADDRESS	<i>1901 Patriot Lane</i>
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	<i>HOLIDAY, FL 34690</i>
TITLE	<i>Board Member</i>	3.1 TITLE	
NAME	PETERS, JEANNE	3.2 NAME	
STREET ADDRESS	5146 SANDALWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690	3.4 CITY-ST-ZIP	
TITLE	<i>Secretary</i>	4.1 TITLE	<i>Katherine William</i>
NAME	FEARON, HELEN M. <i>D</i>	4.2 NAME	<i>1920 Wickham Lane</i>
STREET ADDRESS	1925 VICTORY LANE	4.3 STREET ADDRESS	<i>Holiday, FL 34691</i>
CITY-ST-ZIP	HOLIDAY FL 34690	4.4 CITY-ST-ZIP	
TITLE	<i>Board Member</i>	5.1 TITLE	
NAME	MITCHELL, BERTHA	5.2 NAME	
STREET ADDRESS	1844 ARCADIA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690	5.4 CITY-ST-ZIP	
TITLE	<i>D</i>	6.1 TITLE	<i>EDNA SWARTZ</i>
NAME	MITCHELL, CHARLES	6.2 NAME	<i>1850 VICEROY LANE</i>
STREET ADDRESS	1844 ARCADIA ROAD	6.3 STREET ADDRESS	<i>HOLIDAY, FL - 3460</i>
CITY-ST-ZIP	HOLIDAY FL 34690	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Minna Chamberlain* DATE: *1/19/99* TELEPHONE: *227-937-6139*

CR2E037 (1/98)