FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743555

1. Corporation Name

WITHLACOOCHEE LANDINGS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4010 NEWBERRY RD, #A BOX 90010 GAINESVILLE, FL 32607-7010	4010 NEWBERRY RD, #A BOX 90010 GAINESVILLE, FL 32607-7010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/78
3a. Date of Last Report: 04/15/94
4. FEI Number: [ ] Applied For [XX] Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 104 N. MAIN STREET	26 104 N. MAIN STREET
Suite, Apt. #, etc. 22 SUITE 300	Suite, Apt. #, etc. 27 SUITE 300
City & State 23 GAINESVILLE, FLORIDA	City & State 28 GAINESVILLE, FLORIDA
Zip / County 24 32601 / 25 ALACHUA	Zip / County 29 32601 / 30 ALACHUA

9. Name and Address of Current Registered Agent

ROSKO, GEORGE
4010 NEWBERRY RD, #A
GAINESVILLE, FL 32607

10. Name and Address of New Registered Agent

81 Name: ROSKO, GEORGE
82 Street Address (P.O. Box Number is Not Acceptable): 104 N. MAIN STREET
83: SUITE 300
84 City: GAINESVILLE **FL** 85 Zip Code: 32601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V/D THOMPSON, C. FREDERICK 4010 NEWBERRY ROAD, SUITE A GAINESVILLE, FLORIDA 32607	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	[X] Change [ ] Addition V/C THOMPSON, C. FREDERICK 104 N. MAIN STREET, SUITE 300 GAINESVILLE, FLORIDA 32601
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D ROSKO, GEORGE 4010 NEWBERRY ROAD, SUITE A GAINESVILLE, FLORIDA 32607	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	[X] Change [ ] Addition P/D ROSKO, GEORGE 104 N. MAIN STREET, SUITE 300 GAINSVILLE, FLORIDA 32601
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/T/D DUKES, JOYCE 4010 NEWBERRY ROAD, SUITE A GAINESVILLE, FLORIDA 32607	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	[X] Change [ ] Addition S/T/D DUKES, JOYCE 104 N. MAIN STREET, SUITE 300 GAINESVILLE, FLORIDA 32601
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	[ ] Change [ ] Addition 000001476:5.10 -05/04/95--01130--010 ~~130.00~~ ****130.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	130.00 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	[ ] Change [ ] Addition

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)(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: _____ 4/26/95 904-378-4814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE ROSKO