

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745731** (0)

1. Corporation Name

LA JOLLA 200 HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1901 SW 29 TERRACE
OCALA FL 34474
US**

**1801 S.W. 29TH TERRACE
OCALA FL 34474-2894
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1979		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-1982300		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARRISON, GEORGE
1803 S.W. 29TH TERRACE
OCALA FL 34474**

81 Name

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

83

84 City

FL

85 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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, GEORGE	1.2 NAME	
STREET ADDRESS	1803 S.W. 29TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODEWALD, KEITH	2.2 NAME	
STREET ADDRESS	1806 SW 29TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYCKOFF, MARGARET	3.2 NAME	PATRICIA VANLEER
STREET ADDRESS	1912 SW 29TH TERRACE	3.3 STREET ADDRESS	1802 SW 29TH TER
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL 34474
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCIANO, BETTY	4.2 NAME	CLIFFORD SHEFFIELD
STREET ADDRESS	1807 SW 29TH TERRACE	4.3 STREET ADDRESS	1810 SW 29TH TER
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA, FL 34474
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOSATO, GENE	5.2 NAME	
STREET ADDRESS	1902 SW 29TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCURE, DEBBIE	6.2 NAME	
STREET ADDRESS	5900 SW 42ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA 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: *George W. Garrison* **GEORGE W. GARRISON** 3/27/97 (352) 237-8524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065807

CR2E037 (9/96)