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 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748653

1. Corporation Name
HOOT OWL RIDGE COMMUNITY ASSOCIATION INC

Principal Place of Business	Mailing Address
STAR RT 3 SATSUMA, FL 32189	PO Box 586 SATSUMA, FL 32189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1979
3a. Date of Last Report: 04/15/1992
4. FEI Number: 592756932 ☐ Applied For ☐ 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 ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROTHERS, CAROLINE R.
312 DEE RUN ROAD
SATSUMA, FL 32189

10. Name and Address of New Registered Agent

81 Name: Betty Penrod
82 Street Address (P.O. Box Number is Not Acceptable): 124 Summit Rd
83: SR 3 Box 905
84 City: Satsuma FL 85 Zip Code: 32189

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: X Betty J Penrod (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S/T	1.1 TITLE	☐ Change ☐ Addition
NAME	PENROD, BETTY	1.2 NAME	500001493185
STREET ADDRESS	STAR ROUTE 3, 124 SUMMIT ST.	1.3 STREET ADDRESS	-05/18/95--01028--012
CITY-ST-ZIP	SATSUMA, FL 32189	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ELDRIDGE, LAURENCE	2.2 NAME	
STREET ADDRESS	STAR ROUTE 3, Woodline Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA, FL 32189	2.4 CITY-ST-ZIP	
TITLE	Trustee	3.1 TITLE	☐ Change ☐ Addition
NAME	KIRBY, HELEN	3.2 NAME	
STREET ADDRESS	STAR ROUTE 3, Hickory Nut Tr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA, FL 32189	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	EVERLY, GORDON	4.2 NAME	
STREET ADDRESS	STAR ROUTE 3, Hickory Nut Tr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA, FL 32189	4.4 CITY-ST-ZIP	
TITLE	Trustee	5.1 TITLE	☐ Change ☐ Addition
NAME	CALDWELL, LORA L	5.2 NAME	
STREET ADDRESS	STAR ROUTE 3, Rustic Rd	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA, FL 32189	5.4 CITY-ST-ZIP	
TITLE	Trustee	6.1 TITLE	☐ Change ☐ Addition
NAME	SPENCER, JUDY	6.2 NAME	
STREET ADDRESS	STAR ROUTE 3, Pennsylvania	6.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA, FL 32189	6.4 CITY-ST-ZIP	

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: Betty J Penrod 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone: 847