

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 748653 (3)

1. Corporation Name

HOOT OWL RIDGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~STAR ROUTE 3~~  
P.O. BOX 586  
SATSUMA FL 32189

~~STAR ROUTE 3~~  
P.O. BOX 586  
SATSUMA FL 32189

2. Principal Place of Business

2a. Mailing Address

21 PO Box 586

26 P.O. Box 586

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Satsuma, FL

28 Satsuma, FL

Zip

Zip

24 32189-0586 25 Putnam

29 32189-0586 30 Putnam

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
08/27/1979

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-2756932

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

PENROD, BETTY  
124 SUMMIT RD.  
SR3 BOX 905  
SATSUMA FL 32189

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 ☐ DELETE  
NAME ST  
STREET ADDRESS PENROD, BETTY  
CITY-ST-ZIP STAR RT 3 BOX 905  
SATSUMA FL 32189

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS ELDRIDGE, LAURENCE  
CITY-ST-ZIP STAR RT 3 BOX 903  
SATSUMA FL 32189

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME T  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS KIRBY, HELEN  
CITY-ST-ZIP STAR RT 3 BOX 883 HICKORY NUT TRAIL  
SATSUMA FL 32189

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 100001744231  
3.4 CITY-ST-ZIP -03/15/96--01023--022

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS EVERLY, GORDON  
CITY-ST-ZIP STAR RT 3 BOX 888 HICKORY NUT TRAIL  
SATSUMA FL 32189

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VP  
4.3 STREET ADDRESS \*\*\*61.25  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS CALDWELL, LORA L  
CITY-ST-ZIP STAR RT 3 BOX 982 RUSTIC RD.  
SATSUMA FL 32189

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME P  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS SPENCER, JUDY  
CITY-ST-ZIP STAR 3 BOX 930  
SATSUMA FL 32189

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME T  
6.3 STREET ADDRESS Loren Nolan  
6.4 CITY-ST-ZIP Star Rt 3 Box 927, Deer Run Rd.  
Satsuma, FL 32189

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)