

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 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 32189STAR ROUTE 3  
P.O. BOX 586  
SATSUMA FL 32189-90293. Date Incorporated or Qualified  
08/27/19793a. Date of Last Report  
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

50-2756932

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

PENROD, BETTY

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

124 SUMMIT RD

83

SR3 BOX 905

84 City

SATSUMA, FL

FL

85 Zip Code

32189

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 ST  
NAME PENROD, BETTY  
STREET ADDRESS STAR RT 3 BOX 905  
CITY-ST-ZIP SATSUMA FL 32189☐ DELETE1.1 TITLE TREASURER  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☒ Change☐ AdditionTITLE T  
NAME ELDRIDGE, LAURENCE  
STREET ADDRESS STAR RT 3 BOX 903  
CITY-ST-ZIP SATSUMA FL 32189☒ DELETE2.1 TITLE SECRETARY  
2.2 NAME DELORES GLYNN  
2.3 STREET ADDRESS STAR RT 3 BOX 814  
2.4 CITY-ST-ZIP SATSUMA, FL 32189☐ Change☒ AdditionTITLE T  
NAME KIRBY, HELEN  
STREET ADDRESS STAR RT 3 BOX 883 HICKORY NUT TRAIL  
CITY-ST-ZIP SATSUMA FL 32189☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE VP  
NAME EVERLY, GORDON  
STREET ADDRESS STAR RT 3 BOX 888 HICKORY NUT TRAIL  
CITY-ST-ZIP SATSUMA FL 32189☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE P  
NAME CALDWELL, LORA L  
STREET ADDRESS STAR RT 3 BOX 982 RUSTIC RD.  
CITY-ST-ZIP SATSUMA FL 32189☒ DELETE5.1 TITLE PRESIDENT  
5.2 NAME RICHARD MAHLER  
5.3 STREET ADDRESS HCB BOX 845-B11  
5.4 CITY-ST-ZIP SATSUMA, FL 32189☐ Change☒ AdditionTITLE T  
NAME SPENCER, JUDY  
STREET ADDRESS STAR 3 BOX 930  
CITY-ST-ZIP SATSUMA FL 32189☒ DELETE6.1 TITLE TRUSTEE  
6.2 NAME RODGER EVERLY  
6.3 STREET ADDRESS STAR RT 3 BOX 930  
6.4 CITY-ST-ZIP SATSUMA, FL 32189☐ Change☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone

CR2E037 (9/96)

13. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1 Title	TRUSTEE
7.2 Name	ERNIE TAKE
7.3 STREET ADDRESS	HC 3 BOX 983 N
7.4 CITY-ST-ZIP	SATSUMA, FL 32189

ATTACHMENT I:

HOOT OWL RIDGE COMMUNITY ASSOCIATION, INC.

NONPROFIT ORGANIZATION ANNUAL REPORT 1997

DOCUMENT # 748653