

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748653 (3)
1. Corporation Name
HOOT OWL RIDGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business STAR ROUTE 3 P.O. BOX 586 SATSUMA FL 32189	Mailing Address STAR ROUTE 3 P.O. BOX 586 SATSUMA FL 32189
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3. Date Incorporated or Qualified 08/27/1979
4. FEI Number 59-2756932
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PENROD, BETTY 124 SUMMIT RD. SR3 BOX 905 SATSUMA FL 32189	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENROD, BETTY	1.2 NAME	
STREET ADDRESS	STAR RT 3 BOX 905	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL 32189	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLYNN, DELORES	2.2 NAME	
STREET ADDRESS	STAR RT 3 BOX 814	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL 32189	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, HELEN	3.2 NAME	
STREET ADDRESS	STAR RT 3 BOX 883 HICKORY NUT TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL 32189	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERLY, GORDON	4.2 NAME	
STREET ADDRESS	STAR RT 3 BOX 888 HICKORY NUT TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL 32189	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHLER, RICHARD	5.2 NAME	
STREET ADDRESS	HC 3 BOX 845-B11	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL 32189	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERLY, RODGER	6.2 NAME	
STREET ADDRESS	STAR 3 BOX 933	6.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL 32189	6.4 CITY-ST-ZIP	

14. I 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: *Betty Penrod* 2/13/98 914-149-9506

CR2E037 (10/97)