

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90049 001 ****61.25

DOCUMENT # 748653

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

P.O. BOX 586
SATSUMA FL 32189



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 HC3 Box 905
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/27/1979

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

S ☒ DELETE
NAME GLYNN, DELORES
STREET ADDRESS STAR RT 3 BOX 814
CITY-ST-ZIP SATSUMA FL 32189

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

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

VP ☐ DELETE
NAME CROTHERS, CAROL
STREET ADDRESS HC 3 BOX
CITY-ST-ZIP SATSUMA FL 32189

T ☐ DELETE
NAME EVERLY, RODGER
STREET ADDRESS STAR 3 BOX 933
CITY-ST-ZIP SATSUMA FL 32189

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE Trustee ☐ Change ☒ Addition
2.2 NAME Charaleen E. Wark
2.3 STREET ADDRESS HC3 Box 908
2.4 CITY-ST-ZIP SATSUMA, FL 32189

3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)