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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757827 (1)

1. Corporation Name
QJC HOME OWNERS ASSOCIATION NO. 1, INC.



Principal Place of Business P.O. BOX 2495 OCALA FL 34478 US	Mailing Address P.O. BOX 2495 OCALA FL 34478-2495 US
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2. Principal Place of Business 21 2516 S.W. 27th Ave. Suite, Apt. #, etc.	2a. Mailing Address 26
22 P.O. Box 2495	27
City & State 23 Ocala, FL	City & State 28
Zip 24 34474	Country 25 USA
	Zip 29
	Country 30

3. Date Incorporated or Qualified 05/01/1981	3a. Date of Last Report 02/14/1996
4. FEI Number 59-2212945	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAY, JAMES E.
2516 SW 27TH AVE
OCALA FL 34474**

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

FL

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 _____ DATE _____
Signature typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WIERSUM, MARLEEN	
STREET ADDRESS	17045 NW 87TH AVE RD	
CITY-ST-ZIP	REDDICK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAWLEY, DON	
STREET ADDRESS	17072 NW 86TH TER	
CITY-ST-ZIP	REDDICK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LACROIX, BARBARA	
STREET ADDRESS	17070 NW 86TH TERR	
CITY-ST-ZIP	REDDICK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, RHONDA	
STREET ADDRESS	17154 NW 86TH TERR	
CITY-ST-ZIP	REDDICK FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HARMA, VIRGANIA	
STREET ADDRESS	17182 NW 87TH AVE	
CITY-ST-ZIP	REDDICK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Porter, Ralph	
4.3 STREET ADDRESS	17119 N.W. 86 Terr.	
4.4 CITY-ST-ZIP	Reddick, FL 32686	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Day, James E.	
6.3 STREET ADDRESS	2516 S.W. 27th Ave.	
6.4 CITY-ST-ZIP	Ocala, FL 34474	

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.

CR2E037 (9/96)