

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 767189 (4)
1. Corporation Name
OLD MILL RUN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 29016 OLD MILL RD TAVARES FL 32778
Mailing Address: 29016 OLD MILL RD TAVARES FL 32778-9675

3. Date incorporated or Qualified: 02/28/1983
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2530439
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

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
City & State (22, 27)
Zip (23, 24) Country (25, 26)

9. Name and Address of Current Registered Agent
CROAK, MICHAEL A
14229 US HWY 441
TAVARES FL 32778

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 _____ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATSON, DAVID	1.2 NAME	
STREET ADDRESS	29142 OLD MILL WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	1.4 CITY-ST-ZIP	
TITLE	S/DIR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDS, MARYLYNN	2.2 NAME	
STREET ADDRESS	29319 OLD MILL EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	2.4 CITY-ST-ZIP	
TITLE	T/DIR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOUR, SHARON	3.2 NAME	
STREET ADDRESS	15015 MILL POND RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REEVES, HAL	4.2 NAME	LUKE THISE
STREET ADDRESS	15026 MILL POND RD	4.3 STREET ADDRESS	15241 WILLOW LN.
CITY-ST-ZIP	TAVARES FL 32778	4.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE-PRESIDENT/DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKER, JAMES E. JR.	5.2 NAME	RITA SHAW
STREET ADDRESS	29206 OLD MILL WEST	5.3 STREET ADDRESS	15222 SHADY LAKE
CITY-ST-ZIP	TAVARES FL 32778	5.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 of Block 13, changed, or an attachment with an address

SIGNATURE _____

CR2E037 (9/96)