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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



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

DOCUMENT # N08173

1. Corporation Name

SHARPES FERRY HOME OWNERS, INC.

Principal Place of Business

9901 SE HIGHWAY 314
~~BOX 131~~
 SILVER SPRINGS FL 34488-363
 US

Mailing Address

9901 SE HIGHWAY 314
~~BOX 131~~
 SILVER SPRINGS FL 34488-2363
 US



2. Principal Place of Business

21 9901 SE Hwy 314

Suite, Apt. #, etc.

22 BOX 131

City & State

23 SILVER SPRINGS, FL.

Zip

24 34488

Country

25 US

2a. Mailing Address

26 9901 S.E. Hwy 314

Suite, Apt. #, etc.

27 BOX 131

City & State

28 SILVER SPRINGS, FL.

Zip

29 34488

Country

30 US

3. Date Incorporated or Qualified

03/15/1985

4. FEI Number

59-2765517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

BELANGER, LEONARD
 9901 S.E. HWY 314
 BOX 134
 SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

81 Name JANET M. MAYHUGH
 82 Street Address (P.O. Box Number is Not Acceptable)
 9901 SE Hwy 314 Box 131
 83 Box 131
 84 City SILVER SPRINGS FL 85 Zip Code 34488

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 JANET M. MAYHUGH - TREASURER Janet M. Mayhugh 3-31-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
 NAME GOODRICH, ARNOLD
 STREET ADDRESS 9901 S.E. HWY 314 BOX 157
 CITY-ST-ZIP SILVER SPRINGS FL

TITLE VPD ☐ DELETE
 NAME BRUMBAUGH, THOMAS
 STREET ADDRESS 9901 SW HWY 314 BOX 141
 CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE SD ☒ DELETE
 NAME JOHNSON, SHIRLEY
 STREET ADDRESS 9901 SE HWY 314 BOX 165
 CITY-ST-ZIP SILVER SPRINGS FL

TITLE TD ☒ DELETE
 NAME BELANGER, LEONARD
 STREET ADDRESS 9901 SE HWY 314 BOX 134
 CITY-ST-ZIP SILVER SPRINGS FL

TITLE D MO ☒ DELETE
 NAME MONTGOMERY, JOHN
 STREET ADDRESS 9901 SW HWY 314 BOX 139
 CITY-ST-ZIP SILVER SPRINGS FL

TITLE D ☐ DELETE
 NAME PAYNTER, NELSON
 STREET ADDRESS 9901 SW HWY 314 BOX 191
 CITY-ST-ZIP SILVER SPRINGS FL 34488

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
 1.2 NAME MICKEY MAYHUGH
 1.3 STREET ADDRESS 9901 S.E. HWY 314 BOX 131
 1.4 CITY-ST-ZIP SILVER SPRINGS, FL 34488

2.1 TITLE ☐ Change ☒ Addition
 2.2 NAME SAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE SD ☒ Change ☐ Addition
 3.2 NAME ESLEIE STIEF
 3.3 STREET ADDRESS 9901 S.E. HWY 314 BOX 152
 3.4 CITY-ST-ZIP SILVER SPRINGS, FL 34488

4.1 TITLE TD ☒ Change ☐ Addition
 4.2 NAME JANET MAYHUGH
 4.3 STREET ADDRESS 9901 S.E. HWY 314 BOX 131
 4.4 CITY-ST-ZIP SILVER SPRINGS, FL 34488

5.1 TITLE D MO ☒ Change ☐ Addition
 5.2 NAME ROBERT STIEF
 5.3 STREET ADDRESS 9901 S.E. HWY 314 BOX 152
 5.4 CITY-ST-ZIP SILVER SPRINGS, FL 34488

6.1 TITLE ☐ Change ☒ Addition
 6.2 NAME SAME
 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

Janet M. Mayhugh 3-31-99 352-625-6438
 Date Daytime Phone #

CR2E037 (11/98)

0076244