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FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N09454 (2)
1. Corporation Name
AUCILLA FOREST & MEADOWS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
412 NE 16TH AVE., SUITE 30 P.O. BOX 1776 GAINESVILLE FL 32602
412 NE 16TH AVE., SUITE 30 P.O. BOX 1776 GAINESVILLE FL 32602

3. Date Incorporated or Qualified 05/24/1985
4. FEI Number 59-3052404 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 22 P.O. Box 1464
23 City & State Monticello FL
24 Zip 32345 25 Country
26 27 P.O. Box 1464
28 City & State Monticello FL
29 Zip 32345 30 Country

9. Name and Address of Current Registered Agent
LEE, DENNIS G.
412 NE 16TH AVENUE, SUITE 130
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent
81 Name Rene' Ludecke
82 Street Address (P.O. Box Number is Not Acceptable) Rt 1 Box 175-F
83 City Monticello FL
84 City FL 85 Zip Code 32344

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 *Rene' Ludecke* DATE 3/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME LEE, DENNIS G.	
STREET ADDRESS 412 NE 16TH AVENUE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME GARVIN, H. EDWARD	
STREET ADDRESS 412 NE 16TH AVENUE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME CHAPMAN, LISA STORY	
STREET ADDRESS 412 NE 16TH AVENUE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Rene' Ludecke	
1.3 STREET ADDRESS Rt 1 Box 175-F	
1.4 CITY-ST-ZIP Monticello FL 32344	N/A
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Elba Figueroa	
2.3 STREET ADDRESS 2576 Seagull Lane	
2.4 CITY-ST-ZIP North Port FL 34287	
3.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME George Schmeil	
3.3 STREET ADDRESS P.O. Box 1143	
3.4 CITY-ST-ZIP Monticello FL 32345	N/A
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Rene' Ludecke* DATE: March 29 1998 (850) 997-6944

CR2E037 (10/97)