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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 POA Aucilla Forest & meadows

22 P.O. Box 1776

27 P.O. Box 1776

23 Monticello FL

28 Monticello FL

24 32345

29 32345

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, DENNIS G.
412 NE 16TH AVENUE, SUITE 130
GAINESVILLE FL 32601

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Rene Ludecke

3/29/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEE, DENNIS G.
STREET ADDRESS 412 NE 16TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

DELETE

TITLE VD
NAME GARVIN, H. EDWARD
STREET ADDRESS 412 NE 16TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

DELETE

TITLE SD
NAME CHAPMAN, LISA STORY
STREET ADDRESS 412 NE 16TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE PD
1.2 NAME Rene Ludecke
1.3 STREET ADDRESS Rt 1 Box 175-F
1.4 CITY-ST-ZIP Monticello FL 32344

Change Addition

2.1 TITLE VD
2.2 NAME Elba Figueroa
2.3 STREET ADDRESS 2570 Seagull Lane
2.4 CITY-ST-ZIP North Port FL 34287

Change Addition

3.1 TITLE ST
3.2 NAME George Schmeil
3.3 STREET ADDRESS P.O. Box 1143
3.4 CITY-ST-ZIP Monticello FL 32345

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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

March 4 1998 (850) 997-6944

CR2E037 (10/97)