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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09454

1. Corporation Name
AUCILLA FOREST & MEADOWS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business P.O. BOX 664 MONTICELLO FL 32345 US	Mailing Address AUCILLA FOREST MEADOWS P.O. BOX 664 MONTICELLO FL 32345 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/24/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3052404
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

LUDECKE, RENE
RT 1 BOX 175-F
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUDECKE, RENE	
STREET ADDRESS	RT 1 BOX 175-F	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FIGUEROA, ELBA	
STREET ADDRESS	2576 SEAGULL LANE	
CITY-ST-ZIP	N PORT FL 34287	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SCHMEIL, GEORGE	
STREET ADDRESS	P.O. BOX 1143	
CITY-ST-ZIP	MONTICELLO FL 32345	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK KASHMIR	
2.3 STREET ADDRESS	RT 1 BOX 175C	
2.4 CITY-ST-ZIP	MONTICELLO FL 32344	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARTHA RHEA	
3.3 STREET ADDRESS	RT 1 BOX 175N	
3.4 CITY-ST-ZIP	MONTICELLO FL 32344	
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, with all other like empowered.

SIGNATURE: MARtha Rhea SIGNATURE RECORDED: MARtha Rhea DATE: 1/18/99 DAYTIME PHONE #: 850 997-8761

CR2E037 (11/98)