FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11428

(2)

SUWANNEE RANCHETTES HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business Mailing Address | | | | | | | |
|--|--|---|---------------------|---|---------------------------|----------|-----------------------|
| | | P.O. BOX 471 | | | orated or Qualified | | |
| LAKE CITY FL 32024 BRANFORD FL 32008 | | | | 10/03 | /1985 | | |
| | | | | 4. FEI Number | | Ar | oplied For |
| | | | | 59-27 | 36795 | No. | ot Applicable |
| | Place of Business - 21645 Street | 2a. Mailing Address | | 5. Certificate of | of Status Desired | | Additional equired |
| Suite, Apt. #, etc. Suite, Apt | | | | 6. Election Car | mpalgn Financing | \$5.00 | |
| 27 | | | | Trust Fund | | Added to | |
| City & State City & State | | | | 7. is this nonp | rofit corporation a home | | n? |
| 23 Lake | Country | Zip | Country | 9 This corpore | ation owes or has paid th | | tone:blo |
| 24 3205 | 25 USA | — · | 30 | | operty Tax due June 30. | | I No : |
| | 9. Name and Address of Currer | | | Address of New Regist | ered Agent | | |
| | | | | | | | |
| GRIMMETT, JOEL F., JR. HT. 5-BOX 744 Q1838 474 De. | | | | 82 Street Address (P.O. Bax Number is Not Acceptable) | | | |
| I AKE C | ITY FL 32055 | 83 | 38 - 4/11 | > DK | | | |
| LANC O | 11111 02000 | | | | | | |
| | | | 84 City | Ke City | \mathcal{A} | FL 85 Zp | Code NOSQU |
| | | | | | | | s registered |
| 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 regist 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 register agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. | | | | | | | registered |
| SIGNATURE (INC. TREASURE | | | | | | -78-68 | <u>'</u> |
| 12. | Signature, typed operinted name of registered agr OFFICERS AN | required when reinstating) | D. | AND DIDECTOR | | | |
| TITLE | PD OFFICERS AN | DELETE | 13. | ADDITIONS/C | CHANGES TO OFFICERS | Change | Addition |
| NAME | GRIMMETT JOEL E. JR | <u>, </u> | | . 51 | J | onlings | |
| STREET ADDRESS | -RT. 5, BOX 744 N/A Q18 | 38-47 ¹⁶ DR | 1.3 STREET ADDRESS | 21838 - 47th | ^D€ | , | |
| CITY-ST-ZIF | LAKE CITY FL 32024 | • • | 1.4 CITY-ST-ZIP | Lake Cuta | 71.32024 | <i>‡</i> | |
| TITLE | Т | DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | Parker, Cindy | | 2.2 NAME | . ور | 1 _ | | |
| STREET ADDRESS | RT. 5, BOX 704 N/A | | 2.3 STREET ADDRESS | 28036-45 <u>,</u> | De , | | |
| CITY-ST-ZIF | LAKE CITY FL | | 2. 4 CITY-ST-ZIP | Lake City | ,]1 1.32024 | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | • | | Спалде | Addition |
| NAME | Parker, Larry | | 3.2 NAME | | - - | | l |
| STREET ADDRESS | RT: 5, BOX 704 N/A | | 3.3 STREET ADDRESS | 22036-45 | AR DE | 1 | 1 |
| CITY-ST-ZIP | LAKE CITY FL 32024 | | 3.4. CITY-ST-ZIP | Lake Cuty | <u>, 74 - 3000</u> | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | • | , , | Change | Addition |
| NAME | GRIMMETT, MANDY RT. 5, BOX 744 21838 | 2 - 11-14-TOP | 4. 2 NAME | 4 | ~ - | | |
| STREET ADDRESS | HI. 5, BUX 744 221830 | 3-47-00 | 4.3 STREET ADDRESS | Z1838-475 | DE . | 1 | l |
| CITY-ST-ZIP | LAKE CITY FL 32024 | | 4.4 CITY - ST - ZIP | Lake wy | 14. 3000 | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | , | | L Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDFESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | L Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | ŀ |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | |

14. I hereby certify that the information supplied with this filling 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 changes for on an attachment with an address.

SIGNATURE:

1-29-98 904)935-2

FILED

Feb 06 1998 8:00am

Secretary of State