


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12575 (9)**  
1. Corporation Name  
**MARLBORO FARMS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>215 SW 165TH STREET NEWBERRY FL 32669 US</b>	Mailing Address <b>215 SW 165TH STREET NEWBERRY FL 32669 US</b>
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3. Date Incorporated or Qualified  
**12/17/1985**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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2. Principal Place of Business <b>21 201 SW 165th St</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 201 SW 165th St.</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Newberry FL</b>	City & State <b>28 Newberry FL</b>
Zip <b>24 32669</b>	Country <b>25 Alachua</b>
Zip <b>29 32669</b>	Country <b>30 Alachua</b>

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

**LEWIS, ANN M.  
215 S.W. 165TH STREET  
NEWBERRY FL 32669**

81 Name <b>Susan Pataky</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>201 S.W. 165th Street</b>
83
84 City <b>Newberry</b>
85 State <b>FL</b>
86 Zip Code <b>32669</b>

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

**Susan Pataky**

**SUSAN PATAKY**

**4/21/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>NICHOLAS, JAMES C</b>	
STREET ADDRESS <b>126 SW 165TH STREET</b>	
CITY-ST-ZIP <b>NEWBERRY FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>STONE, KARLENE</b>	
STREET ADDRESS <b>10906 SW 5TH PLACE</b>	
CITY-ST-ZIP <b>NEWBERRY FL</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>LEWIS, ANN M.</b>	
STREET ADDRESS <b>215 S. W. 165TH STREET</b>	
CITY-ST-ZIP <b>NEWBERRY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>STONE, WILLIAM H</b>	
STREET ADDRESS <b>10906 SW 5TH PLACE</b>	
CITY-ST-ZIP <b>NEWBERRY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>COSTELLO, PAUL J.</b>	
STREET ADDRESS <b>16819 S. W. 5TH PLACE</b>	
CITY-ST-ZIP <b>NEWBERRY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LEWIS, MICHAEL G.</b>	
STREET ADDRESS <b>215 S. W. 165TH STREET</b>	
CITY-ST-ZIP <b>NEWBERRY FL</b>	

1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>John Fulkerson</b>	
1.3 STREET ADDRESS <b>16603 S.W. 5th Place</b>	
1.4 CITY-ST-ZIP <b>Newberry, FL 32669</b>	
2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>James C. Nicholas</b>	
2.3 STREET ADDRESS <b>126 S.W. 165th Street</b>	
2.4 CITY-ST-ZIP <b>Newberry, FL 32669</b>	
3.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Susan Pataky</b>	
3.3 STREET ADDRESS <b>201 S.W. 165th Street</b>	
3.4 CITY-ST-ZIP <b>Newberry, FL 32669</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Gary Miner</b>	
5.3 STREET ADDRESS <b>16612 S.W. 5th Place</b>	
5.4 CITY-ST-ZIP <b>Newberry, FL 32669</b>	
6.1 TITLE <b>D</b>	<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:

**Susan Pataky**

**SUSAN PATAKY**

**4/21/98**

**352-472-6234**

CR2E037 (10/97)