

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90205 036 ****61.25

0012263

DOCUMENT # N12575

1. Corporation Name

MARLBORO FARMS HOMEOWNERS' ASSOCIATION, INC.

138918 - 90205 - 00

Principal Place of Business

201 SW 165TH ST
NEWBERRY FL 32669
US

Mailing Address

201 SW 165TH ST
NEWBERRY FL 32669
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
12/17/1985

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

PATAKY, SUSAN
201 SW 165TH ST
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name

Link, Susan

82 Street Address (P.O. Box Number is Not Acceptable)

201 SW 165th St.

83

84 City

Newberry

FL

85 Zip Code
32669

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

Susan Link
(NOTE: Registered Agent signature required when reinstating)

2/1/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS FULKERSON, JOHN
CITY-ST-ZIP 16603 SW 5TH PL
NEWBERRY FL 32669

TITLE ☐ DELETE
NAME VP
STREET ADDRESS NICHOLAS, JAMES C
CITY-ST-ZIP 126 SW 165TH ST
NEWBERRY FL 32669

TITLE ☐ DELETE
NAME ST
STREET ADDRESS PATAKY, SUSAN
CITY-ST-ZIP 201 SW 165TH ST
NEWBERRY FL 32669

TITLE ☐ DELETE
NAME D
STREET ADDRESS STONE, WILLIAM H
CITY-ST-ZIP 16906 SW 5TH PLACE
NEWBERRY FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS MINER, GARY
CITY-ST-ZIP 16612 SW 5TH PL
NEWBERRY FL 32669

TITLE ☐ DELETE
NAME D
STREET ADDRESS LEWIS, MICHAEL G.
CITY-ST-ZIP 215 S. W. 165TH STREET
NEWBERRY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME ST
3.3 STREET ADDRESS LINK, SUSAN
3.4 CITY-ST-ZIP 201 SW 165th St.
NEWBERRY, FL 32669

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

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

6.1 TITLE ☐ Change ☐ 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:

Susan Link
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/99
(352) 472-1846

CR2E037 (11/98)