


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N14244 (0)
1. Corporation Name
3318 BAHIA SOUTH OWNERS' ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 11434 NW 67 TERR 193 TURKEY CREEK ALACHUA FL 32615-9571 US | Mailing Address 11434 NW 67 TERR 193 TURKEY CREEK ALACHUA FL 32615-9573 US |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/08/1986 | 3a. Date of Last Report 04/04/1996 |
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**TOMLINSON, T F
11434 NW 67 TERR
193 TURKEY CREEK
ALACHUA FL 32615**

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 | VD | <input type="checkbox"/> DELETE |
| NAME | TOMLINSON, MARGARET A | |
| STREET ADDRESS | 11434 NW 67 TERR | |
| CITY - ST - ZIP | ALACHUA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | TOMLINSON, T F | |
| STREET ADDRESS | 11434 NW 67 TERR | |
| CITY - ST - ZIP | ALACHUA FL | |
| TITLE | SD Hickman | <input checked="" type="checkbox"/> DELETE |
| NAME | ALEXANDER, DONNA S | |
| STREET ADDRESS | 11430 NW 67 TERR | |
| CITY - ST - ZIP | ALACHUA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GIFFORD, GEORGE | |
| STREET ADDRESS | 11438 NW 67 TERR | |
| CITY - ST - ZIP | ALACHUA FL | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Hickman, Donna S. |
| 3.3 STREET ADDRESS | 11430 NW 67 Terr. |
| 3.4 CITY - ST - ZIP | Alachua, FL 32615 |
| 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 do 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: Thomas J. Tomlinson 1-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011404

CFR2E037 (9/96)