

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 MAY 28 PM 4:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**DOCUMENT # N 20221**  
 1. Corporation Name  
**WAKULLA RIVER ESTATES EAST HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**71 LIMPKIN CT CRAWFORDVILLE FL 32327**  
*Some*

3. Date Incorporated or Qualified **7/14/94** 3a. Date of Last Report **3/19/96**  
 4. FEI Number 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**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 24 Country 28 Zip 29 Country 30

**9. Name and Address of Current Registered Agent**  
**JERRY SHIRAH**  
**71 LIMPKIN CT**  
**CRAWFORDVILLE FL 32327**

**10. Name and Address of New Registered Agent**  
 81 Name *Some*  
 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 *Jerry A. Shirah* **Treasurer/Secretary** **4/28/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MUNROE, Jim III</b>
STREET ADDRESS	<b>Rt 3 Box 5497</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE</b>
TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, MARGARET</b>
STREET ADDRESS	<b>5714 FLINTLOCK LOOP</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>SECRETARY / TREASURER</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SHIRAH JERRY</b>
STREET ADDRESS	<b>71 LIMPKIN CT</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>800002199138</b>
2.3 STREET ADDRESS	<b>-06/03/97--01023--002</b>
2.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<i>J. Alan</i>
6.3 STREET ADDRESS	<b>5/28/97</b>
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: *Jerry A. Shirah* **JERRY A. SHIRAH SEC./TREASURER** **4/28/97** **904524-2967**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)