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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:08

DOCUMENT # N25264 (5)

1. Corporation Name
GIL CREST FARM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PAUL C. BRUMFIELD RR1 BOX 141-40 BELL FL 32619 US	C/O PAUL C. BRUMFIELD RR1 BOX 141-40 BELL FL 32619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1988
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2359585 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZOLDESSY, HENRY
RR 1 BOX 141-A
BELL FL 32619

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ZOLDESSY, HENRY	1.2 NAME		
STREET ADDRESS	RR1, BOX 141-A	1.3 STREET ADDRESS		
CITY-ST-ZIP	BELL FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	CARACHI, GODWIN	2.2 NAME		
STREET ADDRESS	RR1 BOX 1414-Z	2.3 STREET ADDRESS		
CITY-ST-ZIP	BELL FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	SCHALK, ELISE	3.2 NAME	T. Sheila MaHenry	
STREET ADDRESS	RR1 BOX 141-40	3.3 STREET ADDRESS	Rt1 Box 141-25	
CITY-ST-ZIP	BELL FL	3.4 CITY-ST-ZIP	Bell Fla 32619	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HARP, WARREN	4.2 NAME		
STREET ADDRESS	RR1 BOX 141-M	4.3 STREET ADDRESS		
CITY-ST-ZIP	BELL FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MULLINS, LINDA M	5.2 NAME		
STREET ADDRESS	RR1 BOX 141-70	5.3 STREET ADDRESS		
CITY-ST-ZIP	BELL FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHALK, CLARENCE	6.2 NAME		
STREET ADDRESS	RR1 BOX 141-40	6.3 STREET ADDRESS		
CITY-ST-ZIP	BELL FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Henry Zoldessy HENRY ZOLDESSY 1-30-17 904 463 6,LV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030400