

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

03/07/1988

3a. Date of Last Report

02/13/1995

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

25

29

30

4. FEI Number

59-2359585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

CLARENCE SCHALK

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

1979 SW 15th Way

83

84 City

Bell

FL

85 Zip Code

32619

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

CLARENCE SCHALK (President)

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	P	<input checked="" type="checkbox"/> DELETE
NAME	ZOLDESSY, HENRY	
STREET ADDRESS	RR1, BOX 141-A	
CITY-ST-ZIP	BELL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARACHI, GODWIN	
STREET ADDRESS	RR1 BOX 1414-Z	
CITY-ST-ZIP	BELL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCHENRY, SHEILA	
STREET ADDRESS	RT 1 BOX 141-25	
CITY-ST-ZIP	BELL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARP, WARREN	
STREET ADDRESS	RR1 BOX 141-M	
CITY-ST-ZIP	BELL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLINS, LINDA M	
STREET ADDRESS	RR1 BOX 141-70	
CITY-ST-ZIP	BELL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHALK, CLARENCE	
STREET ADDRESS	RR1 BOX 141-40	
CITY-ST-ZIP	BELL FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHALK CLARENCE	
1.3 STREET ADDRESS	RR1 BOX 141-40	
1.4 CITY-ST-ZIP	Bell FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT LACASSE	
2.3 STREET ADDRESS	2150 SW 17th Ter	
2.4 CITY-ST-ZIP	Bell FL 32619	
3.1 TITLE	KAROL WOOD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KAROL WOOD	
3.3 STREET ADDRESS	1759 SW 15th Way	
3.4 CITY-ST-ZIP	Bell FL 32619	
4.1 TITLE	S. MULLINS LINDA M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S. MULLINS LINDA M	
4.3 STREET ADDRESS	RR1 BOX 141-70	
4.4 CITY-ST-ZIP	Bell FL 32619	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WARREN HARP	
5.3 STREET ADDRESS	RR1 BOX 141-M	
5.4 CITY-ST-ZIP	Bell FL 32619	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Billy Walters	
6.3 STREET ADDRESS	2010 SW 17th	
6.4 CITY-ST-ZIP	Bell FL 32619	

4. 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:

KAROL WOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-96

Date

352-463-7038

Daytime Phone #

CR2E037 (12/95)