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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 32619-9721 US

3. Date Incorporated or Qualified: 03/07/1988
3a. Date of Last Report: 05/22/1996

2. Principal Place of Business — 21: Suite, Apt #, etc. — 22: City & State — 23: Zip — 24: Country — 25

2a. Mailing Address — 26: Suite, Apt #, etc. — 27: City & State — 28: Zip — 29: Country — 30

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHALK, CLARENCE
1979 SW 15TH WAY
BELL FL 32619

10. Name and Address of New Registered Agent

81 Name: Same
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 617.0501, Florida Statutes

SIGNATURE: Clarence Schalk — 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHALK, CLARENCE		1.2 NAME		
STREET ADDRESS	RR 1 BOX 141-40		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELL FL		1.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	2.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	CARACHI, GODWIN		2.2 NAME	Lacasse Robert	
STREET ADDRESS	~~RR1 BOX 1414-Z~~		2.3 STREET ADDRESS	2150 SW 17 Ter	
CITY-ST-ZIP	~~BELL FL~~		2.4 CITY-ST-ZIP	RR1 Box 141 Bell Fl 32619	
TITLE	T	☑ DELETE	3.1 TITLE	Treasure	☐ Change ☐ Addition
NAME	~~MCHENRY, SHEILA~~		3.2 NAME	Wood - Karol	
STREET ADDRESS	~~RT 1 BOX 141-25~~		3.3 STREET ADDRESS	1759 SW 15th Way	
CITY-ST-ZIP	~~BELL FL~~		3.4 CITY-ST-ZIP	Bell Fl 32619	
TITLE	D	☐ DELETE	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	☑ DELETE	5.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	MULLINS, LINDA M		5.2 NAME	Mullins Linda	
STREET ADDRESS	~~RR1 BOX 141-70~~		5.3 STREET ADDRESS	RR1 Box 141-70	
CITY-ST-ZIP	~~BELL FL~~		5.4 CITY-ST-ZIP	Bell Fl 32619	
TITLE	D	☐ DELETE	6.1 TITLE	D.	☐ Change ☑ Addition
NAME	~~SCHALK, CLARENCE~~		6.2 NAME	Walters William	
STREET ADDRESS	~~RR1 BOX 141-40~~		6.3 STREET ADDRESS	2010 SW 17 Ter	
CITY-ST-ZIP	~~BELL FL~~		6.4 CITY-ST-ZIP	Bell Fl 32619	

CR2E037 (9/96)

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: Karol Wood (Karol Wood) 1-17-97 352-463-7038