


FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N27592 (7)</b> 1. Corporation Name <b>WEST FARMS PROPERTY OWNERS' ASSOCIATION, INC.</b>		



Principal Place of Business	Mailing Address
C/O JANET L. MILLER 412 N.E. 16TH AVENUE GAINESVILLE FL 32601	C/O JANET L. MILLER 412 N.E. 16TH AVENUE GAINESVILLE FL 32601-3701

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 C/O Charles McDonald		25 C/O Charles McDonald		07/26/1988		02/27/1996	
22 RT 1 BOX 2950		27 PO BOX 41		4. FEI Number		Applied For	
City & State		City & State		59-2946655		Not Applicable	
23 LEE FL		28 LEE FL		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip		Zip		<input type="checkbox"/>		5.00 May Be Added to Fees	
24 32059		29 32059		6. Election Campaign Financing		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country		Country		Trust Fund Contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 MADISON		30 MADISON		<input type="checkbox"/>			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MILLER, JANET L. 412 N.E. 16TH AVENUE GAINESVILLE FL 32601		81 Name Charles McDonald	
		82 Street Address (P.O. Box Number is Not Acceptable) RT 1 BOX 2950-1	
		83	
		84 City LEE	
		FL	
		85 Zip Code 32059	

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 Charles W. McDonald **CHARLES W. McDONALD** PD 4-28-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SHEFFIELD, BOB	1.2 NAME	Charles McDonald
STREET ADDRESS	412 NE 16TH AVENUE	1.3 STREET ADDRESS	RT 1 BOX 2950-1
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	LEE FL 32059
TITLE	VD	2.1 TITLE	VD
NAME	MILLER, JANET L.	2.2 NAME	EUGENE CURRY
STREET ADDRESS	412 NE 16TH AVENUE	2.3 STREET ADDRESS	RT 1 BOX 2950-10
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	LEE FL 32059
TITLE	STD	3.1 TITLE	STD
NAME	CHAPMAN, LISA STORY	3.2 NAME	Sheri Kennedy
STREET ADDRESS	412 NE 16TH AVENUE	3.3 STREET ADDRESS	RT 1 BOX 2950-7
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	LEE FL 32059
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Charles W. McDonald **CHARLES W. McDONALD** PD 4-28-97

CR2E037 (9/96)