

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 # N29809 (3)

1. Corporation Name

DON JACOBS CENTER PROPERTY OWNERS ASSOCIATION, I NC.



Principal Place of Business

Mailing Address

**C/O DON JACOBS ORGANIZATION
2689 NICHOLASVILLE ROAD
LEXINGTON KY 40503**

**C/O DON JACOBS ORGANIZATION
2689 NICHOLASVILLE ROAD
LEXINGTON KY 40503**

3. Date Incorporated or Qualified
12/20/1988

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

58-1846609

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 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

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	PO	<input type="checkbox"/> DELETE
NAME	JACOBS, DON	
STREET ADDRESS	2689 NICHOLASVILLE RD.	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MOUNTFORD, LARRY	
STREET ADDRESS	2689 NICHOLASVILLE RD.	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, BRIAN	
STREET ADDRESS	2689 NICHOLASVILLE RD.	
CITY-ST-ZIP	LEXINGTON KY	
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Karen L. West	
1.3 STREET ADDRESS	2689 Nicholasville Rd.	
1.4 CITY-ST-ZIP	Lexington, Ky. 40503	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lee Ann Jacobs	
2.3 STREET ADDRESS	2689 Nicholasville Rd.	
2.4 CITY-ST-ZIP	Lexington, Ky. 40503	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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:

Karen L. West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/96 (606) 276-3546

CR2E037 (12/95)