

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Jul 08 1996 8:00 am
Secretary of State

DOCUMENT # N30503 (9)

1. Corporation Name

OX BOTTOM UNIT 2 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

8015 EVENING STAR LANE
P.O. BOX 782
TALLAHASSEE FL 32302

Mailing Address

7085 OX BOW RD
TALLAHASSEE FL 32312
US



3. Date Incorporated or Qualified
02/03/1989

3a. Date of Last Report
03/15/1995

4. FEI Number

59-2978167

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WESTON, GERALD C
7085 OX BOW RD
TALLAHASSEE FL 32312

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 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

PD

WESTER, GERALD C.
7085 OX BOW RD.
TALLAHASSEE FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

ROBERTS, CHARLES W.
7044 OX BOW RD.
TALLAHASSEE FL

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

TSD

FUTIELL, ROBERTA
7064 OX BOW RD.
TALLAHASSEE FL

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

CAMPBELL, ROBERT A
7879 REYNOLDS CT.
TALLAHASSEE FL

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VPD

Annette Cohen, Vice President
7088 OX BOW ROAD
Tallahassee, FL 32312

☒ Change

☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

TD

John Houser, Treasurer
7091 OX BOW ROAD
Tallahassee, FL 32312

☒ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

D

Barry Richard
6035 Boynton Homestead Rd.
Tallahassee, FL 32312

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

D

Bill Whitfield
1417 Whitestarlane
Tallahassee, FL 32312

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)