

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90003 031 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N30503**

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



2. Principal Place of Business

21 **7085 OX Bow Rd**

Suite, Apt. #, etc.

22 **Tallahassee FL**

City & State

23 **32312 Leon**

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**02/03/1989**

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

9. Name and Address of Current Registered Agent

WESTER, 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**  DELETE

NAME **TATE, TERRY**  
 STREET ADDRESS **7072 OX BOW RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **VD**  DELETE

NAME **CAMPBELL, BOB**  
 STREET ADDRESS **1402 WHITE STARE LN**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **TS**  DELETE

NAME **WESTER, GERALD**  
 STREET ADDRESS **7085 OX BOX RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D**  DELETE

NAME **WHITFIELD, BILL**  
 STREET ADDRESS **1417 WHITESTAR LANE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

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  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** Wester

Date

7/13/99

Daytime Phone #

850 224 9637

CR2E037 (5/99)

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