

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 07 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31797 (6)**

1. Corporation Name  
**WITHLACOOCHEE RIVER PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>P.O. BOX 1776          GAINESVILLE FL 32602</b>	Mailing Address <b>P.O. BOX 1776          GAINESVILLE FL 32602</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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6. Name and Address of Current Registered Agent

**HARDEE, CARY**  
**901 W. BASE ST.**  
**MADISON FL 32340**

3. Date Incorporated or Qualified  
**04/19/1989**

4. FEI Number  
**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**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Cary A. Hardee, II**

82 Street Address (P.O. Box Number is Not Acceptable)  
**215 S. Pinckney Street**

83

84 City **Madison** **FL** 85 Zip Code **32340**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, JAMES T. SR.	
STREET ADDRESS	901 W. BASE ST.	
CITY-ST-ZIP	MADISON FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ELIZABETH B.	
STREET ADDRESS	901 W. BASE ST.	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, LESLIE L.	
STREET ADDRESS	901 W. BASE ST.	
CITY-ST-ZIP	MADISON FL	
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	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hunter, William Ward Jr.	
1.3 STREET ADDRESS	Post Office Box 372	
1.4 CITY-ST-ZIP	Jasper, Florida 32052	n/a
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sullivan, Elizabeth B.	
2.3 STREET ADDRESS	Post Office Box 726	
2.4 CITY-ST-ZIP	Madison, Florida 32341	n/a
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sullivan, Leslie L.	
3.3 STREET ADDRESS	Post Office Box 726	
3.4 CITY-ST-ZIP	Madison, Florida 32341	n/a
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		

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.

SIGNATURE: *Elizabeth B. Sullivan*

CR2E037 (1097)