FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N34696

(7)

PEACOCK ESTATES PROPERTY OWNERS ASSOCIATION, INC

Data da al Dia	I D	44 22							
Principal Place of Business Mailing Address						*******)!! #!#!! #!#!! #!#	.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ROUTE 2. BOX QUINCY FL 323		ROUTE 2. BOX 216 QUINCY FL 32351-9802							
						3. Date Incorporated or Qualified 10/16/1989	3a. D	ate of Last R 02/26/199	eport 6
2. Principal P	flace of Business	26. Mailing Address				4. FEI Number 59-3091231			pplied For at Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	6	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip 29	Country 30	<i>'</i>			ntangible] Yes	e tax under s.	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re-	platered	Agent	** ******
			81	N	ame				
	K, GRADY P. 2, BOX 216		82	SI	treet Addre	ess (P.O. Box Number is Not Acceptable)			
	FL 32351		63					,	
			84		•		FL	85 Zip 0	
office or r agent I a	egistered agent, or both, in the Sta im familiar with, and accept the obt	ite of Florida. Such change was ligations of, Section 617.0503, Fl	authorized by orida Statute	y the s.	e corporatio	ration submits this statement for the p on's board of directors. I hereby accep	t the ap	f changing its	s registered registered
12.	Signature, typed or printed name of registered in	egent and title if applicable (NOT NDD DIRECTORS		ent siç	gnature required	when reinstating)	DATE	5 DISCOTOS	0.11.70
711LF	PD OFFICERS A	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EHS AN	Change	S IN 12 ☐ Addition
NAME.	PEACOCK, GRADY P.	[] occent	1.1 TITLE					ш снанує	I MONITON
STREET ADDRESS	RT. 2, BOX 216		1.2 NAME	r 400	DEGC				
CITY-ST-ZIP	QUINCY FL		1.3 STREET 1.4 City-5						
TITLE	VD	DELETE	2.1 TITLE	31-41				Change	Addition
NAME	POPPELL, DOUGLAS		2.2 NAME						the recommend
STREET ADDRESS	RT. 2, BOX 216		2.3 STREET	I ADD	AFSS .	. %			
CHY-ST-ZIP	QUINCY FL		2.4 CMY-	ST - ZI	Р				
TITLE	STD	☐ DELETE	3.1 TITLE					Change	Addition
NAME	PEACOCK, JACK		3.2 NAME						
STREET ADDRESS	RT. 2, BOX 216		3.3 STREFT	I ADD	RESS				
CITY - ST - ZIP	QUINCY FL		3.4. CITY-	ST-21	P				
TITLE		DELETE	4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADD	ress				
CHY-ST-ZIP			4.4 City - S	ST - ZH	P				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREFT ADDRESS			5.3 STREET						
CHY-ST-ZIP		T Secret	5.4 CITY - 5	ST - 21F	-			T3.6:	7 1 2 2 3 3 3
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET		i				
D(TY+ST+7)P			6 & CITY - 9	71.71	> [

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:

4/5/97

FILED

Apr 22 1997 8:00am

Secretary of State

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