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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:26

DOCUMENT # N37524 (8)

1. Corporation Name

OX BOTTOM ROAD AREA NEIGHBORHOOD ASSOCIATION, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% J. LAYNE SMITH 6026 QUAIL RIDGE DR TALLAHASSEE FL 32312	% J. LAYNE SMITH 6026 QUAIL RIDGE DR TALLAHASSEE FL 32312

3. Date Incorporated or Qualified: 04/09/1990
3a. Date of Last Report: 07/21/1994
4. FEI Number: 59-3000193 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, J., LAYNE
6026 QUAIL RIDGE DR
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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	KOEPPEL, MARY ANNE G.	12 NAME	
STREET ADDRESS	7047 DARDWOOD LANE	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	VC	21 TITLE	☐ Change ☐ Addition
NAME	CASSEDY, MARSHALL R., JR	22 NAME	
STREET ADDRESS	7098 CHIMNEY SWIFT HOLLW	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WOLF, JOLEN (MRS)	32 NAME	
STREET ADDRESS	1898 OXBOTTOM RD	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LARSON, MARTHA L.	42 NAME	
STREET ADDRESS	1830 CHIMNEY SWIFT HOLLW	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, J LAYNE	52 NAME	
STREET ADDRESS	6026 QUAIL RIDGE DR	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROSNER, JOHN	62 NAME	
STREET ADDRESS	7034 CHIMNEY SWIFT HOLLOW	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	64 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)(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: J. Layne Smith J. Layne Smith 6-1-95 (904) 224-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027646