FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name N37524

(8)

OX ROTTOM ROAD AREA NEIGHRORHOOD ASSOCIATION IN

C.						I INDUSER ENE SOUR DEREN ESKIE PRESI ENEN ENEN ENEN ESKEL ENEN ESKEL ENEN ESKEL ENEN ESKEL ENEN ESKEL			
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 **TALLAHASSEE FL 32312						Date Incorporated or Qualified	le Day d		
						04/09/1990	3a. Date of Las 06/12/	- · · · - F • · · ·	
	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21 Cuito Ant	#	26				59-3000193		Not Applicable	
Suite, Apt. 22		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required	
City & State	9	City & State				6. Election Campaign Financing	\$5.t	00 May Be	
Zip	Country	Zip Country				Trust Fund Contribution Added to Fees			
24	25	29	30	'y		8. This corporation has liability for intangible tax/under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			8	1 Nar	ne		giotorou rigorit		
SMITH, J., LAYNE			l _a	32 Street Address (P.O. Box Number is Not Acceptable)					
	JAIL RIDGE DR		52 Street Addre			s (F.O. Box Normoer is Not Acceptable))		
TALLAHASSEE FL 32312			8	3			···		
			8	4 City			FL 85 2	ip Code	
11. Pursuant t	to the provisions of Sections 617,0502	and 617.1508, Florida Statut	es, the above	-namec	corporat	ion submits this statement for the purp		registered office	
familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	ia. Such change was authoriz on 617.0503, Fiorida Statutes	ed by the coi :	poratio	i's board	of directors. I hereby accept the appoint	ntment as registere	d agent. I am	
SIGNATURE _									
	Signature, typed or printed name of registered agent		TE: Registered Ag	ent signati	re required w		DATE		
TITLE	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFIC			
NAME	KOEPPEL, MARY ANNE G.	[_]OELEIE	1.1 TITLE				Change	☐ Addition	
STREET ADDRESS	7047 DARDWOOD LANE			1.2 NAME 1.3 STREET ADDRESS					
CITY-S1-ZIP	TALLAHASSEE FL				»				
TITLE	VC	DELETE	1.4 CITY- 2.1 TITLE		 		Change	Addition	
NAME	CASSEDY, MARSHALL R., JR		2 2 NAME				Li Criange	₩ YOURDI	
STREET ADDRESS	7098 CHIMNEY SWIFT HOLLY	1	2.3 STRE	EET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL	2.		2. 4 CITY-ST-ZIP					
TITLE	D	DELETE 3.11					☐ Change	Addition	
NAME			3.2 NAME	3.2 NAME					
STREET ADDRESS			3.3 STREE	3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE			3.4. City	ST-ZIP	 				
NAME			4.1 TITLE				Change	☐ Addition	
STREET ADDRESS	LARSON, MARTHA L. 1830 CHIMNEY SWIFT HOLLW	I	4. 2 NAM		,				
CITY - ST - ZIP	TALLAHASSEE FL	1	4.3 STREE 4.4 CITY-	T ADDRES	١ '				
TITLE	P			51-2IP			Change	- Addition	
NAME	SMITH, J LAYNE	_	52 NAME					☐ Addition	
STREET ADDRESS	6026 QUAIL RIDGE DR		5.3 STREE	T ADDRES	s				
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-						
TITLE	D	DELETE	6.1 TITLE		—		☐ Change	Addition	
NAME	Rosner, John		6.2 NAME						
STREET ADDRESS	7034 CHIMNEY SWIFT HOLLO	W	6.3 STREE	T ADDRES	}				
CITY-ST-ZIP	TALLAHASSEE FL	Sala alada Elita da a	6.4 CITY-						
certify that oath; that I	certify that the information supplied with the information indicated on this annual am an officer or director of the corporablock 12 or Block 13 if changed, or or	ion unis filing is voluntarily fumi- al report or supplemental annu- ation or the receiver of trustee	sned and doe la! report is tr empowered	es not que and to exec	ualify for t accurate a ute this re	he exemption stated in Section 119.07 and that my signature shall have the saport as required by Chapter 617, Flori	'(3)(k), Florida Statut ime legal effect as it da Statutes; and tha	es. I further made under at my name	

SIGNATURE:

Paes / J. Layre Smith 4-15-96 385-8000