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Jan 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N37524 (8)

1. Corporation Name

OX BOTTOM ROAD AREA NEIGHBORHOOD ASSOCIATION, IN
C.

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 32312-3576



3. Date Incorporated or Qualified
04/09/1990

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3000193

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

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

SMITH, J., LAYNE
6026 QUAIL RIDGE DR
TALLAHASSEE FL 32312

1330 Thomasville Rd.
32303

81 Name J. Layne Smith

82 Street Address (P.O. Box Number is Not Acceptable)

1330 Thomasville Rd.

83

84 City Tallahassee

FL

85 Zip Code 32303

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

J. Layne Smith J. Layne Smith Registered agent 1-13-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME KOEPEL, MARY ANNE G.
STREET ADDRESS 7047 DARDWOOD LANE
CITY - ST - ZIP TALLAHASSEE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

VC
NAME CASSEDY, MARSHALL R., JR
STREET ADDRESS 7098 CHIMNEY SWIFT HOLLOW
CITY - ST - ZIP TALLAHASSEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D
NAME WOLF, JOLEN (MRS)
STREET ADDRESS 1896 OXBOTTOM RD
CITY - ST - ZIP TALLAHASSEE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

D
NAME LARSON, MARTHA L.
STREET ADDRESS 1830 CHIMNEY SWIFT HOLLOW
CITY - ST - ZIP TALLAHASSEE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

P
NAME SMITH, J LAYNE
STREET ADDRESS 6026 QUAIL RIDGE DR
CITY - ST - ZIP TALLAHASSEE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

D
NAME ROSNER, JOHN
STREET ADDRESS 7034 CHIMNEY SWIFT HOLLOW
CITY - ST - ZIP TALLAHASSEE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

J. Layne Smith J. Layne Smith 1-13-97 (904) 385-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)