SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N37524

(8)

OX BOTTOM ROAD AREA NEIGHBORHOOD ASSOCIATION, IN

FILED Jul 23 1998 8:00am Secretary of State



•									
Principal Place of Business Mailing Address									
% J. LAYNE SMITH 6026 QUAIL RIDGE DR TALLAHASSEE FL 82312			% J. Layne Smith 6026 Quail Ridge Dr Tallahassee Fl 32312					3. Date Incorporated or Qualified 04/09/1990	
INCOMPROSEE PE BESTE			THE PERSON AND ADDITIONS OF THE PERSON ADDITIONS OF THE PERSON AND ADDITIONS OF THE PERSON ADDITIO					4. FEI Number Applied For	
O. Odental Discont Durch				2a. Malling Address				59-3000193 Not Applicable	
Principal Place of Business Same			26 Same					5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.			201	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22			27	27				Trust Fund Contribution Added to Fees	
City & State			City & State					7. Is this nonprofit corporation a homeowners association?	
23			Zip Country					XXYes No	
Zip 24 Sa	ma	Country 25	29	Zip	30	ountry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 50		and Address of Current	1	tered Agent	30	\top		10. Name and Address of New Registered Agent	
						B1	Name	ne	
SMITH, J., LAYNE				8			Same 62 Street Address (P.O. Box Number is Not Acceptable)		
1330 THOMASVILLE RD				1					
TALLAHAS	SSEÉ FL 323	303				83			
	:					84	City	FL 85 Zip Code	
11. Purguent 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. It hereby accept the appointment as registered agent. It am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS					1;		gent eignetu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	IT 7	OT TOCKO THE	Direc	DELETE	_	TITLE		Change Addition	
NAME	KOEPPEL	MARY ANNE G.			1.2	NAME			
STREET ADDRESS	7047 DARK	OWOOD LANE			1.3	STREET	ADDRESS	ss Same - n/a	
CITY-ST-ZIP	TALLAHAS	SEE FL			1.4	CITY-S	T-ZIP		
TITLE	VC			DELETE		TITLE		Change Addition	
NAME		MARSHALL R., JR				NAME			
STREET ADDRESS		INEY SWIFT HOLLW					ADDRESS	SS	
CITY-ST-ZIP TITLE	TALLAHAS	OEE PL			_	CITY-S	T-ZIP	Change Addition	
NAME	WOLF, JOI	EN (MRS)		☐ DELETE	·	NAME			
STREET ADDRESS	مصدم مقددا						ADDRESS	ss	
CITY-ST-ZIP	TALLAHAS				3.4	CITY-S	T-ZIP		
TITLE	D			DELETE	4.1	TITLE		Change Addition	
NAME	LARSON, I					NAME			
STREET ADDRESS		INEY SWIFT HOLLW					ADDRESS	SS	
CITY-ST-ZIP	TALLAHAS	SEE FL				CITY-S	T-ZIP		
TITLE	CHITH II	AVAIE		DELETÉ		TITLE NAME		Change Addition	
NAME expect apposes	SMITH, J L	ATNE L RIDGE DR					ADDRESS	22	
	TALLAHAS					CITY-S		~	
CITY-ST-ZIP	D I	Vet I b		DELETE		TITLE	r- 4- 11	Change Addition	
NAME	ROSNER,	JOHN			6.2	NAME			
1		INEY SWIFT HOLLOW			6.3	STREE	ADDRESS	ss	
CITY-\$1-2IP	TALLAHAS				6.4	CITY-S	T-ZIP		
			this fill	no does not enalify for	the exe	motio	stated	d in section 119.07(3)(i). Florida Statutes. I further certify that the information	

indicated on this annual report or supplies mirr una minig oces not possibly for the exemption is acted in section 118,07(3)(), Forda Statutes. From the formation indicated on this annual report or suppliemental annual report is the 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 trusted 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:

NING OFFICER OR DIRECTOR

July 21, 1998

(850)385-8000 Deylime Phone #