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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38701 (1)

1. Corporation Name
MICCOSUKEE WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 1174 CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301	Mailing Address 1174 CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301-3832
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3. Date Incorporated or Qualified 06/20/1990	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business 21 9123 RAVENA Rd	2a. Mailing Address 26 9123 RAVENA Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State TALLAHASSEE, FL	28 City & State TALLAHASSEE, FL
24 Zip 32308	25 Country LEON
29 Zip 32308	30 Country LEON

4. FEI Number 59-3113202	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**PETRANDIS, JOHNNY G
1174 CAPITAL CIRCLE S.E.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name FRANK WANNEDOE THOMAS HALL
82 Street Address (P.O. Box Number is Not Acceptable) 9103 RAVENA ROAD
83
84 City TALLAHASSEE
85 Zip Code FL 32308

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 Thomas F. Hall, TREASURER DATE 6-12-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME PETRANDIS, JIMMY G	
STREET ADDRESS 1174 CAPITAL CIRCLE S.E.	
CITY-ST-ZIP TALLAHASSEE FL 32301	
TITLE VD	<input type="checkbox"/> DELETE
NAME PETRANDIS, JOHNNY G	
STREET ADDRESS 1174 CAPITAL CIRCLE S.E.	
CITY-ST-ZIP TALLAHASSEE FL 32301	
TITLE SD	<input type="checkbox"/> DELETE
NAME PETRANDIS, NANCY	
STREET ADDRESS 1174 CAPITAL CIRCLE S.E.	
CITY-ST-ZIP TALLAHASSEE FL 32301	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME FRANK William Wannedoe	
1.3 STREET ADDRESS 9123 RAVENA ROAD	
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
2.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME THOMAS F. HALL	
2.3 STREET ADDRESS 9107 RAVENA Rd	
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DIANE M. Smerling	
3.3 STREET ADDRESS 9093 RAVENA Rd	
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

CR2E037 (9/96)