

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 10/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martinez</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 NOV 23 PM 2:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N38701  
 1. Corporation Name  
**MICCOSUKEE WOODS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
9107 RAVENA ROAD TALLAHASSEE, FL 32308	

3. Date incorporated or Qualified June 13, 1990	
4. FEI Number 59-3113202	Applied For Not Applicable

2. Principal Place of Business 21 9107 Ravenna Road	2a. Mailing Address 26 9107 Ravenna Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Tallahassee FL	City & State 28 Tallahassee FL
Zip 24 32308	Country 25 LEON
Zip 29 32308	Country 30 LEON

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Frank William Varnedoe  
 9187 Ravenna Road  
 Tallahassee, FL 32308

10. Name and Address of New Registered Agent

81 Name Frank William Varnedoe	
82 Street Address (P.O. Box Number is Not Acceptable) 9187 Ravenna 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 Frank Varnedoe (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE President (P) <input type="checkbox"/> DELETE	NAME Frank William Varnedoe	STREET ADDRESS 9187 Ravenna Road	CITY-ST-ZIP Tallahassee, FL 32308
TITLE Vice President (V) <input type="checkbox"/> DELETE	NAME Timothy Kellogg	STREET ADDRESS 9601 Miccosukee Road #48	CITY-ST-ZIP Tallahassee, FL 32308
TITLE Secretary (S) <input type="checkbox"/> DELETE	NAME Diane Smertling	STREET ADDRESS 9093 Ravenna Road	CITY-ST-ZIP Tallahassee, FL 32308
TITLE Treasurer (T) <input type="checkbox"/> DELETE	NAME Thomas F. Hall	STREET ADDRESS 9107 Ravenna Road	CITY-ST-ZIP Tallahassee, FL 32308
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 President (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Frank William Varnedoe (D)	STREET ADDRESS 9187 Ravenna Road	CITY-ST-ZIP Tallahassee, FL 32308
2.1 TITLE Vice President (V) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Timothy Kellogg (D)	STREET ADDRESS 9601 Miccosukee Road #48	CITY-ST-ZIP Tallahassee, FL 32308
3.1 TITLE Secretary (S) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Diane Smertling (D)	STREET ADDRESS 9093 Ravenna Road	CITY-ST-ZIP Tallahassee, FL 32308
4.1 TITLE Treasurer (T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Thomas F. Hall (D)	STREET ADDRESS 9107 Ravenna Road	CITY-ST-ZIP Tallahassee, FL 32308
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP

14. I 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: Frank Varnedoe 9/5/98 850-656-7679

(NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (5/98)