

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90061 026 \*\*\*\*70.00

0008192

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38701

1. Corporation Name

MICCOSUKEE WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

9107 RAVENA ROAD  
TALLAHASSEE FL 32308  
US

Mailing Address

9107 RAVENA ROAD  
TALLAHASSEE FL 32308  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/20/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3113202

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARNEDOE, FRANK WILLIAM  
9187 RAVENA ROAD  
TALLAHASSEE FL 32308

81 Name

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

83

84 City

FL

85 Zip Code

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

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

TITLE PD  
NAME VARNEDOE, FRANK W.  
STREET ADDRESS 9187 RAVENA RD.  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE VPD  
NAME KELLOGG, TIMOTHY  
STREET ADDRESS 9601 MICCOSUKEE ROAD, #48  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE SD  
NAME SMERLING, DIANE M.  
STREET ADDRESS 9093 RAVENA RD.  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE TD  
NAME HALL, THOMAS F  
STREET ADDRESS 9107 RAVENA ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308

4.1 TITLE TD  
4.2 NAME MOOS, TIMOTHY J.  
4.3 STREET ADDRESS 4211 CLEARVIEW COURT  
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE:

*Frank Varnedoe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99  
Date

850-877-0123  
Daytime Phone #

CR2E037 (11/98)