

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N40187 (9)**

1. Corporation Name

**STARGAZER COMMUNITY ASSOCIATION, INC.**

97 SEP 30 11:11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4202 STARGAZER TRAIL  
TALLAHASSEE FL 32308**

Mailing Address  
**4202 STARGAZER TRAIL  
TALLAHASSEE FL 32308-8612**

3. Date Incorporated or Qualified <b>10/02/1990</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-3096195</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**GREEN, EDWARD  
4231 STARGAZER TRAIL  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b>
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ED	1.2 NAME	
STREET ADDRESS	4231 STARGAZER TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWIGHT DOUGHERTY	2.2 NAME	
STREET ADDRESS	4231 STARGAZER TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, GLENN	3.2 NAME	
STREET ADDRESS	1814 WALES DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GREGG	4.2 NAME	
STREET ADDRESS	4202 STARGAZER TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROTTIJI, PETER	5.2 NAME	
STREET ADDRESS	4010 SUNHAWK BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGEHEE, GARY	6.2 NAME	
STREET ADDRESS	825 E. MAGNOLIA, #A-4	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

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\*\*\*\*\*\$1.25 \*\*\*\*\*\$1.25

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.

CR2E037 (9/96)