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Sep 02 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N40212 (5)  
1. Corporation Name

J & S SUBDIVISION OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

240 S.E. 17TH STREET  
OCALA FL 34471

240 S.E. 17TH STREET  
OCALA FL 34471-5149

3. Date Incorporated or Qualified  
10/04/1990

3a. Date of Last Report  
08/16/1996

2. Principal Place of Business

2a. Mailing Address

21 725 East Silver Springs Blvd 725 East Silver Springs  
Suite, Apt. #, etc.

4. FEI Number

59-3030560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

24 34470

25 USA

29 34470

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROW, CHESTER J ESQ.  
445 N.E. 8TH AVENUE  
OCALA FL 34470

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 Chester J. Trow ESQ.

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 VPD  
NAME HOOSE, ROBERT  
STREET ADDRESS 240 S.E. 17TH STREET  
CITY-ST-ZIP Ocala FL 34471

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

TITLE VPD  
NAME VAIRO, RICHARD L  
STREET ADDRESS 240 S.E. 17TH STREET  
CITY-ST-ZIP Ocala FL 34471

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

TITLE VPD  
NAME SCHNORR, JOHN  
STREET ADDRESS 240 S.E. 17TH STREET  
CITY-ST-ZIP Ocala FL 34471

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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)