## **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 #

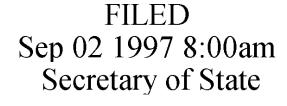
N40212

(5)

J & S SUBDIVISION OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address



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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 F 08/16/19	ote of Last Report 08/16/1996
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	1 TA	pplied For
21 725 East Silver Springs E		B 25 d 725 East	Bis d 725 East Silver Springs		<b>59-3030560</b> Not Appli		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Cardificate of Status Desired Status Resired Status Resired		
			27		Fee Hequired		·
City & State		City & State	~~! ~		6. Election Campaign Financing \$5.00 May Be		
23 Ocala Zip	Florida Country		28 Ocala, Florida Zip Country		Trust Fund Contribution		
24 34470	25 USA	29 34470	<u></u>	o. This corporation has hability for intangible tax trider s. 199.032,			
1 3 4 19 / U	9. Name and Address of Curre		1001	<del></del> -	10. Name and Address of New Reg		
				81 Name			
TROW, CHESTER J ESQ.			}	82 Street Address (P.O. Box Number is Not Acceptable)			
445 N.E. 8TH AVENUE							
OCALA I	FL <b>344</b> 70			63			
			·	84 City		85 Zip	Code
						<u> </u>	
office or re	to the provisions of Sections 617.05( egistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was	s authorized	by the corpora	poration submits this statement for the patients board of directors. I hereby accep	irpose of changing i the appointment as	ts registered registered
SIGNATURE _	Chester J. Trow Signature, typed or printed name of registered ag	ESQ. ent and title if applicable. (No	O1E: Registered	Agent signature requ	ired when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	VPD	☐ DELETE	1.1 TIT	LE		☐ Change	Addition
NAME	HOOSE, ROBERT		1.2 NA	<b>I</b>			
STREET ADDRESS	240 S.E. 17TH STREET			REET ADDRESS			<b>                                   </b>
CITY-ST-ZIP	OCALA FL 34471	DELETE	1.4 CIT 2.1 TIT	Y-ST-ZIP		Change	Addition
TITLE NAME	VPD VAIRO, RICHARD L		2.1 (III 2.2 NAI	-		Ly Ollange	L Addition
STREET ADDRESS	240 S.E. 17TH STREET			REET ADDRESS			
CITY-ST-ZIP	OCALA FL 34471			TY-ST-ZIP			
TITLE	VPD	DELETE	3.1 TIT			☐ Change	Addition
NAME	SCHNORR, JOHN		3.2 NA	ме			
STREET ADDRESS	240 S.E. 17TH STREET		3.3 STF	REET ADDRESS			
CITY-ST-ZIP	OCALA FL 34471		3.4. CIT	IY-ST-ZIP			
TITLE		DELETE	4.1 TeT	LE		☐ Change	☐ Addition
NAME			4.2 NA	ME .			
STREET ADDRESS			4.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	LE		☐ Change	Addition
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		The state of the s		Y-ST-ZIP		<b>1</b> 60	4.4.00
TITLE		☐ DELETE	6.1 T(T)	ì		☐ Change	Addition .
NAME			6.2 NAI				}
STREET ADDRESS				REET ADDRESS			ĺ
CITY-ST-ZIP		11. 70	6.4 CIT	Y-ST-ZIP	11.0	14.0	

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 13 if changed, or on an attachment with an address.