

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41103 (5)
1. Corporation Name
HOPEWELL FARMS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
% JANET L. MILLER % JANET L. MILLER
412 NE 16TH AVE 412 NE 16TH AVE
GAINESVILLE FL 32601 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1990 3a. Date of Last Report 03/02/1994
4. FEI Number 59-3041186 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MILLER, JANET L.
412 NE 16TH AVE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	☒ Change ☐ Addition
NAME	SHEFFIELD, BOB	1.2 NAME	
STREET ADDRESS	POB 1775	1.3 STREET ADDRESS	412 NE 16TH AVE
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JANET L.	2.2 NAME	
STREET ADDRESS	412 NE 16TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, LISA STORY	3.2 NAME	
STREET ADDRESS	412 NE 16TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet L. Miller

2/27/95

904-334-1976