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May 29 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41103 (5)

1. Corporation Name

HOPEWELL FARMS PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business

Mailing Address

% JANET L. MILLER
412 NE 16TH AVE
GAINESVILLE FL 32601% JANET L. MILLER
412 NE 16TH AVE
GAINESVILLE FL 32601-37013. Date Incorporated or Qualified
12/03/19903a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 *Ch. Jim Campbell II*26 *Ch. Jim Campbell II*22 *P.O.B. 820*27 *P.O.B. 820*23 *Madison, FL*28 *Madison, FL*24 *32341*

Country

29 *32341*

Country

25 *USA*30 *USA*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, JANET L.
412 NE 16TH AVE
GAINESVILLE FL 3260181 Name *James T. Campbell*
82 Street Address (P.O. Box Number is Not Acceptable)
640 Hurriel Court
83
84 City *Tallahassee* FL 85 Zip Code *32309*

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *PD* ☒ DELETENAME *SHEFFIELD, BOB*
STREET ADDRESS *412 NE 16TH AVENUE*
CITY-ST-ZIP *PERRY FL*1.1 TITLE *PD* ☒ Change ☐ Addition1.2 NAME *James T. Campbell II*
1.3 STREET ADDRESS *640 Hurriel Court*
1.4 CITY-ST-ZIP *Tallahassee, FL 32309*TITLE *VD* ☒ DELETENAME *MILLER, JANET L.*
STREET ADDRESS *412 NE 16TH AVE*
CITY-ST-ZIP *GAINESVILLE FL*2.1 TITLE *VD* ☒ Change ☐ Addition2.2 NAME *John Bethen*
2.3 STREET ADDRESS *P.O. Box 1042*
2.4 CITY-ST-ZIP *MADISON, FL 32341* *NA*TITLE *STD* ☒ DELETENAME *CHAPMAN, LISA STORY*
STREET ADDRESS *412 NE 16TH AVE*
CITY-ST-ZIP *GAINESVILLE FL*3.1 TITLE *STD* ☒ Change ☐ Addition3.2 NAME *Andrew Russell*
3.3 STREET ADDRESS *P.O. Box 128*
3.4 CITY-ST-ZIP *Madison, FL 32341* *NA*TITLE *PD* ☐ DELETENAME *James T. Campbell II*
STREET ADDRESS *640 Hurriel Court*
CITY-ST-ZIP *Tallahassee, FL 32309*4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE *VD* ☐ DELETENAME *John Bethen*
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T. Campbell II *3/19/97* *904-385-0033*

CR2E037 (9/96)