

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002358 (0)

1. Corporation Name

FOREST TOWNE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1435
JASPER FL 32052
US

412 NE 16 Ave
#45
Gainesville, FL
32601

P.O. BOX 1435
JASPER FL 32052
US

2. Principal Place of Business

2a. Mailing Address

21 412 NE 16 Ave

26 412 NE 16 Ave

22 Suite, Apt. #, etc. #45

27 Suite, Apt. #, etc. #45

23 City & State Gainesville, FL

28 City & State Gainesville, FL

24 Zip 32601 Country U.S. Alaska

29 Zip 32601 Country U.S. Alaska

9. Name and Address of Current Registered Agent

RODGERS, SYLVIA A
129 SOUTHWEST 10TH STREET
JASPER FL 32052

10. Name and Address of New Registered Agent
81 Name Jim Jean
82 Street Address (P.O. Box Number is Not Acceptable) 412 NE 16 Ave, #45
83 City Gainesville, FL
84 City Gainesville, FL 85 Zip Code 32601

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

TITLE D
NAME RODGERS, SYLVIA A
STREET ADDRESS 129 SOUTHWEST 10TH STREET
CITY-ST-ZIP JASPER FL

TITLE ST
NAME WATERS, ELLEN E
STREET ADDRESS 840 OAK RIDGE ROAD WEST
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME DANIELS, CHERYL
STREET ADDRESS 129 SW 10TH ST.
CITY-ST-ZIP JASPER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. Director
1.2 NAME Jim Jean
1.3 STREET ADDRESS 412 NE 16 Ave, #45
1.4 CITY-ST-ZIP Gainesville, FL 32601

2.1 TITLE Vice Pres. Joint Director
2.2 NAME Frank Jean
2.3 STREET ADDRESS 412 NE 16 Ave, #45
2.4 CITY-ST-ZIP Gainesville, FL 32601

3.1 TITLE Secretary/Treasurer, Director
3.2 NAME Alan Jean
3.3 STREET ADDRESS 412 NE 16 Ave, #45
3.4 CITY-ST-ZIP Gainesville, FL 32601

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

CR2E037 (12/95)