

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
FEE DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 NOV -3 AM 11:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000002358 (0)

1. Corporation Name

FOREST TOWNE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
412 NE 16 AVE 45 GAINESVILLE FL 32601 US	412 NE 16 AVE 45 GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3051 N.E. 111th Pl. Suite, Apt. #, etc.	26 3051 N.E. 111th Pl. Suite, Apt. #, etc.
22 City & State 23 JASPER, Florida Zip Country 24 32052 25 U.S.	27 City & State 28 JASPER, Florida Zip Country 29 32052 30 U.S.

3. Date Incorporated or Qualified 05/21/1993	3a. Date of Last Report 04/12/1996
4. FEI Number 59-3207635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
JEAN, JIM 412 NE 16 AVE 45 GAINESVILLE FL 32601	

10. Name and Address of New Registered Agent	
81 Name Matthew RYAN	85 Zip Code 32052
82 Street Address (P.O. Box Number is Not Acceptable) 3051 N.E. 111th Pl.	
83	
84 City JASPER	FL

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 Matthew Ryan
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

10-20-97
DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RODGERS, SYLVIA A
STREET ADDRESS	129 SOUTHWEST 10TH STREET
CITY-ST-ZIP	JASPER FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	WATERS, ELLEN E
STREET ADDRESS	840 OAK RIDGE ROAD WEST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DANIELS, CHERYL
STREET ADDRESS	129 SW 10TH ST.
CITY-ST-ZIP	JASPER FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	JEAN, JIM
STREET ADDRESS	412 NE 16 AVE 45
CITY-ST-ZIP	GAINESVILLE FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	JEAN, FRANK
STREET ADDRESS	412 NE 16 AVE 45
CITY-ST-ZIP	GAINESVILLE FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	JEAN, ALAN
STREET ADDRESS	412 NE 16 AVE 45
CITY-ST-ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Matthew RYAN
1.3 STREET ADDRESS	3051 N.E. 111th Pl.
1.4 CITY-ST-ZIP	JASPER, FL 32052
2.1 TITLE	V. President P <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES CHOULD
2.3 STREET ADDRESS	Rt. 3, Box 69-A
2.4 CITY-ST-ZIP	JASPER, FL 32052
3.1 TITLE	TREAS. <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Edgell Gilkison
3.3 STREET ADDRESS	3399 111 place
3.4 CITY-ST-ZIP	JASPER, FL 32052
4.1 TITLE	SEC. T <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JENNIFER RYAN
4.3 STREET ADDRESS	3051 N.E. 111th Pl.
4.4 CITY-ST-ZIP	JASPER, FL 32052
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE Matthew Ryan

AD Dep \$61.25

CR2E037 (4/97)