FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000003861 (2) DOCUMENT

FILED Jul 16 1998 8:00am Secretary of State

OCIAT	OE WOODS HOMEOWNER		rs') ass		
Principal Place of Business Mailing Address					
3726 THOMASVILLE ROAD 3726 THOMASVILLE ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312			1	3. Date Incorporated or Qualified 08/26/1993	
				4. FEI Number	Applied For
			T-41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	59-3198505	Not Applicable
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			6 Flatia Campaign Financias	Fee Required	
22			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State City & State			7. Is this nonprofit corporation a homeo		
3 28		☐ Yes ☐ No			
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Currer	it Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name		
PHIPPS, BENJAMIN K			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
3726 THOMASVILLE RD.			83	1	···
IALLAH	AS \$E E FL 32312		63		
	`		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617 1509 Florida Štatut	ee the shove-named cor	poration submits this statement for the purpo	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
	m familiar with, and accept the oblig	ations of, Section 617.0503, Fi	orida Statutes.		
SIGNATURE .	Signature, typod or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DA	TE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Val Trans De	Change Addition
NAME	P HIPPS, BENJAMIN K		1.2 NAME	YOU TERESA DR 305 THIRLESTAND	DAL D
STREET ADDRESS	\$726 THOMASVILLE RD.		1.3 STREET ADDRESS 2	305 THIRLESTANE	WUND .
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	tallahassee FL	
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	PHIPPS, PHYLUS J		2.2 NAME		
STREET ADDRESS	\$726 THOMASVILLE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312	T DELETE	2. 4 CITY-ST-ZIP	157	Digital Digital
TITLE	LYON DICK DD	☐ DELETE	3.1 TITLE		Change Addition
NAME	LYON, RICK DR		3.2 NAME		
STREET ADDRESS	\$305 THIRLESTONE ROAD TALLAHASSEE FL		3.3 STREET ADDRESS		1 1
CITY-ST-ZIP	INCOMINGUE PL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Charge Addition
TITLE		☐ vttcit			LI OIGHO LI AGGILLOII
NAME CERRET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		1)///n</td
STREET ADDRESS	:		4.4 CITY-ST-ZIP		71/7/1
CITY-ST-ZIP TITLE	· ·	DELETE	9.4 GITY-51-ZIP		Change Addition
NAME	7		5.2 NAME		
STREET ADDRESS	÷ a		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	500000000	Change Addition
NAME			6.2 NAME	500002591 -07/17/9801008-	-355 -810
STREET ADDRESS	·		6.3 STREET ADDRESS	***61.25	במזף
City-St-7iP			6.4 CITY-ST-ZIP	~~~U1.C3	

14. I 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 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 forporation 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 phanger, or on an attachment with an address.

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