

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005270 (4)**  
1. Corporation Name  
**CITIZENS FOR WATERMELON POND, INC.**



Principal Place of Business <b>P.O. BOX 145 NEWBERRY FL 32669</b>	Mailing Address <b>P.O. BOX 145 NEWBERRY FL 32669</b>
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3. Date Incorporated or Qualified <b>11/15/1993</b>
4. FEI Number <b>59-3231894</b>
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WINGATE, JANINE  
3121 SW SR 45  
NEWBERRY FL 32669**

10. Name and Address of New Registered Agent  
**81 Name Janine Rempe  
82 Street Address (P.O. Box Number is Not Acceptable)  
12150 NE 111th AVE  
83  
84 City Archer FL 85 Zip Code 32618**

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 Janine Rempe DATE 1/28/98  
Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD WINGATE, JANINE</b>
STREET ADDRESS	<b>3121 SW SR 45</b>
CITY - ST - ZIP	<b>NEWBERRY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SMITH, LOUIS</b>
STREET ADDRESS	<b>P.O. BOX 1500 N/A</b>
CITY - ST - ZIP	<b>NEWBERRY FL 32669</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD MORRIS, DAVID</b>
STREET ADDRESS	<b>25522 SW 66TH AVE</b>
CITY - ST - ZIP	<b>NEWBERRY FL 32669</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D GORING, BRIAN</b>
STREET ADDRESS	<b>8715 SW 250TH ST.</b>
CITY - ST - ZIP	<b>NEWBERRY FL 32669</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TD Janine Rempe</b>
1.3 STREET ADDRESS	<b>12150 NE 111th AVE</b>
1.4 CITY - ST - ZIP	<b>Archer, FL 32618</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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: Janine Rempe 1-28-98 352-955-5192 X104

CR2E037 (10/97)