


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000064 (5)**

1. Corporation Name

SAN GEO FARMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business RT 1, BOX 367 MCALPIN FL 32062	Mailing Address RT 1, BOX 367 MCALPIN FL 32062-9785
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3. Date Incorporated or Qualified 01/06/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 10724 184th Street Suite, Apt. #, etc. 22 City & State 23 McAlpin FL Zip 24 32062 Country	2a. Mailing Address 26 10724 184th Street Suite, Apt. #, etc. 27 City & State 28 McAlpin FL Zip 29 32062 Country
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4. FEI Number 59-3322160	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAAS, GEORGE M RT 1, BOX 367 MCALPIN FL 32062	
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10. Name and Address of New Registered Agent 81 Name (Address Change) 82 Street Address (P.O. Box Number is Not Acceptable) 10724 184th Street 83 McAlpin 84 City FL 85 Zip Code 32062	
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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 _____ (NOTE: Registered Agent signature required when resetting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, GEORGE M	1.2 NAME	address only
STREET ADDRESS	RT 1, BOX 367	1.3 STREET ADDRESS	
CITY - ST - ZIP	MCALPIN FL 32062	1.4 CITY - ST - ZIP	10724 184th Street McAlpin FL 32062
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, SANDRA K	2.2 NAME	
STREET ADDRESS	RT 1, BOX 367	2.3 STREET ADDRESS	
CITY - ST - ZIP	MCALPIN FL 32062	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, PAUL M	3.2 NAME	
STREET ADDRESS	RT 1, BOX 360	3.3 STREET ADDRESS	
CITY - ST - ZIP	MCALPIN FL 32062	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  **04/10 97** (904) 935-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001743

CR2E037 (9/96)