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Mar 17 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N94000003904 (9)**

1. Corporation Name

COMPLEX 200 PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**10832 SW 91ST AVE
OCALA FL 34481**

**10832 SW 91ST AVE
OCALA FL 34481**

3. Date Incorporated or Qualified

08/09/1994

4. FEI Number

59-3392546

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COCKE, WALKER A
10832 SW 91ST AVE
OCALA FL 34481**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **COCKE, WALKER A SR**
STREET ADDRESS **10832 SW 91ST AVE**
CITY-ST-ZIP **OCALA FL 34481**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROWE, GEORGE F**
STREET ADDRESS **10200 SW 85TH CT**
CITY-ST-ZIP **OCALA FL 34476**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ZUMWALT, JAMES M JR**
STREET ADDRESS **315 6TH AVE**
CITY-ST-ZIP **INDIAN ROCKS FL 33642**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BULLINGTON, WILLIE J**
STREET ADDRESS **1158 DARLINGTON OAK DR**
CITY-ST-ZIP **ST PETERSBURG FL 33203**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **BULLINGTON, WILLIE J.**
4.4 CITY-ST-ZIP **4900 QUEEN PALM TERR NE
ST PETERSBURG, FL 33703**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

[Signature]

3/11/98 1-552-554-5415

CP2E037 (10/97)