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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001413 (2)**
1. Corporation Name

FOREST GROVE FARMS OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**23008 NW 188TH ST.
HIGH SPRINGS FL 32643**

**P.O. BOX 1740
HIGH SPRINGS FL 32655
US**



3. Date Incorporated or Qualified

03/23/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8911 NW 238th Street

26 8911 NW 238th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Alachua, FL

28 Alachua, FL

Zip

Country

Zip

Country

24 32615

25 USA

29 32615

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLBORN, W H
23008 NW 188TH ST.
HIGH SPRINGS FL 32655**

81 Name

Riley, Bart

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

8911 NW 238th Street

83

84 City

Alachua

FL

85 Zip Code

32615

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **WELLBORN, W H**
STREET ADDRESS **23008 NW 188TH ST.**
CITY-ST-ZIP **HIGH SPRINGS FL**

TITLE **D** ☒ DELETE

NAME **WELLBORN, HILLARY H**
STREET ADDRESS **23008 NW 188TH ST.**
CITY-ST-ZIP **HIGH SPRINGS FL**

TITLE **D** ☒ DELETE

NAME **MOSER, PATTY M**
STREET ADDRESS **4022 HWY 441**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

Riley, Bart

8911 NW 238th Street

Alachua, FL 32615

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

Hamilton, Jonathan

9315 NW 238th Street

Alachua, FL 32615

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

Bart, Randall

9014 NW 238th Street

Alachua, FL 32615

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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:

ENCLOSURE

4-28-98

CR2E037 (10/97)