

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001117

1. Corporation Name

WAKULLA FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3520 Thomasville Rd.
4th Floor
Tallahassee, FL. 32308

Mailing Address

3520 Thomasville Road
4th Floor
Tallahassee, FL. 32308

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
02/29/1996

3a. Date of Last Report

4. FEE Number

Applied For

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Thompson, Susan S.
3520 Thomasville Road
4th Floor
Tallahassee, FL. 32308

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	LEE, William	
STREET ADDRESS	3520 Thomasville Rd, 4th Fl.	
CITY-ST-ZIP	Tallahassee, FL. 32308	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	WHITE, Richard L.	
STREET ADDRESS	2414 Mahan Drive	
CITY-ST-ZIP	Tallahassee, FL. 32308	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	THOMPSON, Susan S.	
STREET ADDRESS	3520 Thomasville Rd, 4th Fl.	
CITY-ST-ZIP	Tallahassee, FL. 32308	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/08/97

CR2E037 (9/96)

SMITH, THOMPSON & SHAW, P.A.

ATTORNEYS AT LAW

FOURTH FLOOR

3520 THOMASVILLE ROAD

TALLAHASSEE, FLORIDA 32308-3469

W. CRIT SMITH

SUSAN S. THOMPSON*

*ALSO ADMITTED IN GEORGIA

(850) 893-4105

FAX (850) 893-7229

FAX (850) 893-4839

FRANK S. SHAW, III

DANIELE E. MANAUSA

October 29, 1997

FLORIDA DEPARTMENT OF STATE
Office of Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Wakulla Forest Homeowners Association, Inc.

Dear Sir/Madam:

Pursuant to an earlier conversation with your office, I have enclosed the original certificate of dissolution which indicates that documents are being mailed to the incorrect address. I have highlighted that portion of the address. A check is enclosed for \$61.25 for the annual report fee. Please let your records reflect that the corporation was dissolved in error.

Should you need anything further, please do not hesitate to contact me.

Sincerely,



Ann Hill, secretary
for Susan S. Thompson

SST/ah

Enclosures

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