DOCUMENT # N96000001117 Comparison WAKULA FOREST HOMEOWNERS ASSOCIATION, INC. WAKULA FOREST HOMEOWNERS ASSOCIATION, INC. WAKULA FOREST HOMEOWNERS ASSOCIATION, INC. Wakupate of Builness So THOMASVILE BO AIP FOOD AIP	COF	D NOTICE: CORPORAT IE ON OR BEFORE 09/15/99 DNPROFIT RPORATION JAL REPORT 1999		FLORIDA DEPAR Katherin Secretary DIVISION OF	TMENT OF STATE Be Harris	FIL Jul 27, 199 Secretary 07-27-1999 9000	99 8:0 0 a	te
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Zip Country Zip Country Election Campaign Financing Free Required Zip Country Zip Country Election Campaign Financing Addet or Fee 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent THOMPSON, SUSAN S 3520 THOMASVILLE RD 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3520 THOMASVILLE RD 83 11. Name 10. Name and Address of New Registered Agent 11. Name 11 Functional agent, to both inthe State of FlotGa. Such charge was authorized by the corporation subnits this statement for the purpose of changing its registered Agent of Status Deve name of charge agent. 11. Status and address (P.O. Box Number is Not Acceptable) 12 Functional agent, to both in the State of FlotGa. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. 11. Status and accept the appointment as registered agent. 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Addition 13 THE AUDAMASVILLE RD ATTH FLOOR 13. Street Address Addition Addition 14 EW WHITE, RICHARD DR 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Additin Additin magent and the repla			27		·····		Not	Applicable
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1. 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	4TH FLOC TALLAHA I. Pursuant office or la agent. 1 a IGNATURE 2. I	SSEE FL 32308 to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed naming C D LEE, WILLIAM 3520 THOMASVILLI TALLAHASSEE FL 3 D WHITE, RICHARD L 2414 MAHAN DR TALLAHASSEE FL 3 D THOMPSON, SUSA 3520 THOMASVILLI TALLAHASSEE FL 3	n, in the State of Florida ept the obligations of, S of registered agent and title if a SFFICERS'AND DIREC E RD 4TH FLOOR 32308 32308 N S E RD., 4TH FLOOR	Such change was au section 617.0503, Flor pplicable. (NOTE: TORS DELETE DELETE DELETE	IS, the above-named corr ithorized by the corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	on s board of directors. I nereby accept in	FL pose of changing its regulation pose of changing its regulation DATE ERS AND DIRECTOF Change Change Change Change Change Change Change	RS IN 12 Addition