


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 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 # N96000001655 (7) 1. Corporation Name 6920 OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6726 NW 113 LANE ALACHUA FL 32615		Mailing Address 127 TURKEY CREEK ALACHUA FL 32615			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/27/1996 4. FEI Number 59-3498377 APPLIED FOR 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			
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ROSEN, GLORIA 6726 NW 113 LANE ALACHUA FL 32615			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD	ROSEN, GLORIA	6726 NW 113 LANE ALACHUA FL 32615	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	VD	ALDERMAN, DAVID	6722 NW 113TH LANE ALACHUA FL 32615	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	SD	MARTIN, RICHARD	6714 NW 113TH LANE ALACHUA FL 32615	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	D	LEE, CARIDAD E	412 NE 16TH AVE GAINESVILLE FL 32601	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Richard Martin</i> 4-10-98 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011452					

CR2E037 (10/97)