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 Jul 02 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 # N96000001659 (9)
 1. Corporation Name
 3300 OWNERS' ASSOCIATION, INC.



Principal Place of Business: 11502 NW 67TH TERRACE ALACHUA FL 32615
 Mailing Address: P O BOX 927 ALACHUA FL 32615

3. Date Incorporated or Qualified: 03/27/1996
 4. FEI Number: 59-3498378
 NOT APPLICABLE

2. Principal Place of Business: 11514 NW 67TH TERRACE
 2a. Mailing Address: 103 TURKEY CREEK
 23. City & State: ALACHUA FL
 28. City & State: ALACHUA FL
 24. Zip: 32615
 25. Country: USA
 29. Zip: 32615
 30. Country: 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 [X] 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
 CAIN, CATHY
 11502 NW 67TH TERR
 ALACHUA FL 32615

10. Name and Address of New Registered Agent
 81. Name: RICHARD MARTIN
 82. Street Address (P.O. Box Number Is Not Acceptable): 11514 NW 67TH TERRACE
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Richard Martin Change Addition
NAME	CAIN, CATHY	1.2 NAME	
STREET ADDRESS	11502 NW 67TH TERR	1.3 STREET ADDRESS	11514 NW 67TH TERRACE
CITY-ST-ZIP	ALACHUA FL 32615	1.4 CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	VD	2.1 TITLE	Change Addition
NAME	SHARP, LYNN	2.2 NAME	
STREET ADDRESS	11506 NW 67TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	President - PD Change Addition
NAME	MARTIN, RICHARD	3.2 NAME	MARTIN, RICHARD
STREET ADDRESS	11514 NW 67TH TERR	3.3 STREET ADDRESS	11514 NW 67TH TERR
CITY-ST-ZIP	ALACHUA FL 32615	3.4 CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D	4.1 TITLE	Change Addition
NAME	GARRAHAN, STEVE	4.2 NAME	
STREET ADDRESS	11510 NW 67TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 4/10/98

CR2E037 (10/97)