NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

## DOCUMENT # N9600001659

24

STREET ADDRESS

Principal Place of Business	Mailing Address				
11514 NW 67TH TERR ALACHUA FL 32615 US	103 TURKEY CREEK ALACHUA FL 32615 US				
Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
Zip Country	Zip Country				

**FILED** Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90007 013 \*\*\*\*61.25

DOCUN	MENT # <b>N9600</b> 0	000	1659					
<ol> <li>Corporation</li> </ol>	Name							
3300 OW	MERS' ASSOCIATION, INC	<i>)</i> ·				618569 - 90007 - 13	ı	
Principal Place	of Business	Ma	ailing Address					
11514 NW 67TI			O TURKEY CREEK					<b>/8 /8// //8/</b>
ALACHUA FL 3	2615	AL US	ACHUA FL 32615					
U\$		U	•					
2. Principal Pl	ace of Business	2a.	Mailing Address	-		3. Date Incorporated or Qualifed		
1		26				03/27/1996		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			4. FEI Number 59-3498378	<u> </u>	lied For
2		27		<del></del>		39-3430370	\$8.75 Ad	Applicable
City & State	<del>=</del>	Ь	City & State			5. Certificate of Status Desired	Fee Req	I
3		28	7:_	Country		6 Startian Compaign Figureing	\$5.00 N	
Zip	Country		Zip	Country		6. Election Campaign Financing Trust Fund Contribution	Added to	
4	9. Name and Address of Curre	29 nt Regis				10. Name and Address of New Registered	1 Agent	
	5. Name and Address of Cont	in rogic		81	Name			1
MARTIN, F	NCHAPO			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	67TH TERR			102	Street Add			
ALACHUA				83				}
ALAOHOA	1 2 02010			84	City		85 Zip C	ode
					•		L	
11. Pursuant	to the provisions of Sections 617.05	02 and 6	317.1508, Florida Statutes,	the above	e-named con	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its r cintment as reg	egistered Jistered
	egistered agent, or both, in the State m familiar with, and accept the oblig					and a district of the state of		
SIGNATURE			•					<u> </u>
	Signature, typed or printed name of registered ag			istered Ager	nt signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
12.	OFFICERS A	ND DIRI	DELETE	1.1 TITLE		Abditional and the second seco	[_] Change	Addition
TITLE	PD Martin, Richard		Deterie	1.2 NAME				
NAME	11514 NW 67TH TERR				TADORESS			]
STREET ADDRESS	ALACHUA FL 32615				T-ZIP			
CITY-ST-ZIP	VD						Change	Addition
TITLE	SHARP, LYNN			2.2 NAME				ľ
NAME STREET ADDRESS	11506 NW 67TH TERR			ŀ	TADDRESS			,
	ALACHUA FL 32615			2.4 CITY-5				
CITY-ST-ZIP TITLE	SD		☐ DELETE	3.1 TITLE			Change	Addition
NAME	MARTIN,-RICHARD			3.2 NAME				
STREET ADDRESS	AAEAA BRIL OZTU TEDO			3.3 STREE	TADDRESS			
CITY-ST-ZIP	ALACHUA FL 32615			3.4. CITY-5	ST-ZIP			D Addition
TITLE	D		☐ DELETE	4.1 TITLE	Ì		Change	☐ Addition
NAME	GARRAHAN, STEVE			4. 2 NAME				
STREET ADDRESS				4.3 STREE	TADDRESS			
CITY-ST-ZIP	ALACHUA FL 32615			4.4 CITY-S	IT-ZIP		Change	☐ Addition
TITLE			☐ DELETE	5.1 TITLE			C cusinge	
NAME				5.2 NAME	TADDOECC			İ
STREET ADDRESS					T ADDRESS			
CITY-ST-2IP			☐ DELETE	5.4 CITY-S 6.1 TITLE	21-4IP		Change	☐ Addition
TITLE			T nerere	6.2 NAME	Ì			_ '
NAME								/

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 or on an attachment with an address, with all other like empowered. Block 12 or Block 13 if chap

CR2E037 (11/98)