## FILE NOW: FILING FÉE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State ▶
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

appears in Block 12 or Bloc

SIGNATURE

20290 S.E. 142ND PLACE

LIMATILLA FL 32784

N9600001830 (6)

Mailing Address

if changed, or on an attachment with an address.

20280 S.E. 142ND PLACE

UMATILLA FL 32784-8548

BIG SCRUB COMMUNITY ASSOCIATION INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Nessa 81 SMITH, CINDY 82 Street Address (P.O. Box Number is Not Acceptable .. 20290 S.E. 142ND PLACE 83 **UMATILLA FL 32784** 84 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, Thereby accept the appointment as registered agent. I am familiar with, and accept the colligations of, Section 617.0503, Florida Statutes. SIGNATUR Signature, typed or inted name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 96/6) 13. DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME SMITH, CINDY 20290 S.E. 142ND PLACE 1.3 STREET ADDRESS STREET ADDRESS UMATILLA FL 32784 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME SMITH, TRACY 22 NAME 14219 S.E. 203RD 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP UMATILLA FL 32784 2.4 CITY-ST-ZIP DELETE Addition Change 31 TITLE TITLE MATHIS, MYRIAM 3.2 NAME NAME 3.3 STREET ADDRESS POST OFFICE BOX 978 STREET ADDRESS WEINSDALE FL 32195 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE Ð NAME 4. 2 NAME JONES, FRANCES STREET ADDRESS 20240 S.E. 142ND PLACE 4.3 STREET ADDRESS C(TY - ST - ZIP UMATILLA FL 32784 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE SMITH, ROGER 5.2 NAME STREET ADDRESS 14211 S.E. 142ND PLACE 5.3 STREET ADDRESS **UMATILLA FL 32784** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 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

4/10/97

Daytime Phone # 0015253