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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001830

1. Corporation Name

BIG SCRUB COMMUNITY ASSOCIATION INC.

Principal Place of Business

20290 S.E. 142ND PLACE
UMATILLA FL 32784

Mailing Address

20290 S.E. 142ND PLACE
UMATILLA FL 32784



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/28/1996

4. FEI Number

59-3377326

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, CINDY
20290 S.E. 142ND PLACE
UMATILLA FL 32784

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME SMITH, CINDY
STREET ADDRESS 20290 S.E. 142ND PLACE
CITY-ST-ZIP UMATILLA FL 32784

TITLE DVC ☐ DELETE

NAME SMITH, TRACY
STREET ADDRESS 14219 S.E. 203RD
CITY-ST-ZIP UMATILLA FL 32784

TITLE D ☐ DELETE

NAME MATHIS, MYRIAM
STREET ADDRESS POST OFFICE BOX 978 N/A
CITY-ST-ZIP WEINSDALE FL 32195

TITLE DT ☐ DELETE

NAME RIETZ, RONALD
STREET ADDRESS 20393 SE 140TH ST
CITY-ST-ZIP UMATILLA FL 32784

TITLE DS ☐ DELETE

NAME LEE, CONNIE
STREET ADDRESS 18875 SE 106TH ST
CITY-ST-ZIP OCKLAWAHA FL 32179

TITLE D ☐ DELETE

NAME WILEY, MELINDA
STREET ADDRESS 15333 HWY 25
CITY-ST-ZIP WEIRSDALE FL 32195

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)