## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

N96000005189 (3)

OSCEOLA PLANTATIONS OWNERS ASSOCIATION, INC.

## FILED May 15 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address				d allactiat and billia anile anile anile	- J:	(#1 \$14B1 PM	91 18118 1 <b>411 1881</b>
255 N LAKE AVE LAKE BUTLER FL 32054  255 N LAKE AVE LAKE BUTLER FL 32054-12									
						3. Date incorporated or Qualified 10/07/1996	3a. Da	te of Last	Report
2. Principal F	Place of Business	2a. Mailing Address			<del></del>	4. FEI Number			Applied For
1		26			<del></del>	59-34/62/5		<del></del>	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Sta	te	City & State				6. Election Campaign Financing			<b>0</b> May Be
<b>3</b> Zip	Country	Zip	T Cou	intry		Trust Fund Contribution			d to Fees
4	25	29	30	ишу		8. This corporation has liability for Florida Statutes	intangible Yes		r s. 199.032,
<u> </u>	9. Name and Address of Currer		[30]	_		10. Name and Address of New Re			
	<u> </u>			81	Name				
ROBERTS, AVERY C				82	Street Addre	ress (P.O. Box Number is Not Acceptable)			<del></del>
255 N LAKE AVE LAKE BUTLER FL 32054				83		<u> </u>			<del> </del>
				84	City			10E 7	p Code
		·		~	City		FL	85 Z	b C00e
office or agent 1 a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag					oration submits this statement for the on's board of directors. I hereby acce	pt the app	ointment	as registered
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12
ITLE	D	DELETE	1.1 TI	TLE				Chang	e 🔲 Addition
NAME	ROBERTS, AVERY C		1.2 N/	AME	Ì				
STREET ADDRESS	255 N LAKE AVE		1.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	LAKE BUTLER FL 32054		1.4 CI	1TY - S1	T-21P				
TITLE	i D								
HILE	ט	DELETE	2.1 10					Chang	e
	BOLES, LINDA C	☐ DELETE		ITLE				Chang	e Addition
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4. 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 appears in Block 12 or Block 13 if changed or on emattachment with an address.

SIGNATURE

4-30-97

196-3509 Daytime Phone # 000066