

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006341 (9)**

1. Corporation Name

FIDDLER'S GREEN RANCH OWNERS' ASSOCIATION, INC.



Principal Place of Business 42725 W. ALTOONA ROAD ALTOONA FL 32702-0070	Mailing Address 42725 W. ALTOONA ROAD ALTOONA FL 32702-9508
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3. Date Incorporated or Qualified 12/05/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26 POB 70
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ALTOONA FLA
Zip 24	Country 25
29 32702-0070	30 USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CLEMENT, G. EDWARD ESQUIRE 308 EAST FIFTH AVENUE MOUNT DORA FL 32757	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	
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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	PVST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, JAMES	1.2 NAME	
STREET ADDRESS	42725 W. ALTOONA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL 32702-0070	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, JAMES	2.2 NAME	
STREET ADDRESS	42725 W. ALTOONA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL 32702-0070	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, PATRICIA ANN	3.2 NAME	
STREET ADDRESS	42725 W. ALTOONA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL 32702-0070	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, SCOTT	4.2 NAME	
STREET ADDRESS	42725 W. ALTOONA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL 32702-0070	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **4/9/97 3526697111**

CR2E037 (9/96)