

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90240 008 ****61.25

DOCUMENT # N97000005941

1. Corporation Name

OLD WIRE ROAD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

6273 RIVULET RD.
JACKSONVILLE FL 32258

Mailing Address

6273 RIVULET RD.
JACKSONVILLE FL 32258



2. Principal Place of Business

21 184 PALM Circle

2a. Mailing Address

26 SAME

3. Date Incorporated or Qualified

10/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

23 Lake City Columbia

City & State

28

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24 32055

Country

Zip

29 Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BOND, C. GUY
3010 S. 3RD ST.
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

Audrey S. Bullard

82 Street Address (P.O. Box Number is Not Acceptable)

Rt 10 Box 844

83

84 City Lake

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

Glenn Khachigan

4/17/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☒ DELETE

NAME DUDLEY, JOHNNY L
STREET ADDRESS 6273 RIVULET RD.
CITY-ST-ZIP JACKSONVILLE FL 32258

1.1 TITLE DPT ☐ Change ☒ Addition

1.2 NAME Glen Khachigan
1.3 STREET ADDRESS 184 PALM Circle
1.4 CITY-ST-ZIP Lake City FL 32055

TITLE DVS ☒ DELETE

NAME ANDREWS, KIMBER L
STREET ADDRESS 6273 RIVULET RD.
CITY-ST-ZIP JACKSONVILLE FL 32258

2.1 TITLE DVS ☐ Change ☒ Addition

2.2 NAME Chris A. Bullard
2.3 STREET ADDRESS Rt 10 Box 844
2.4 CITY-ST-ZIP Lake City FL 32055

TITLE D ☐ DELETE

NAME WARD, BAYNARD
STREET ADDRESS 6273 RIVULET RD.
CITY-ST-ZIP JACKSONVILLE FL 32258

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 REQUIRED

Glenn Khachigan 4/17/99

752-4339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)