

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005283

1. Corporation Name
WREN HOLLOW PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
**2424 WREN HOLLOW DR.
TALLAHASSEE FL 32303**

Mailing Address
**2424 WREN HOLLOW DR.
TALLAHASSEE FL 32303**

59 APR 27 PM 1:25

TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/16/1998 4. FEI Number APPLIED FOR 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**MATTOX, STEVE M
2424 WREN HOLLOW DR.
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

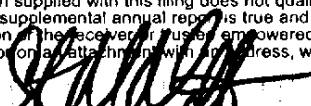
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve M. Mattox	1.2 NAME	Steve M. Mattox
STREET ADDRESS	2424 Wren Hollow Drive	1.3 STREET ADDRESS	2424 Wren Hollow Drive / Dr.
CITY-ST-ZIP	Tallahassee FL 32303	1.4 CITY-ST-ZIP	Tallahassee FL 32303
TITLE	Vice-President <input type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Kelly	2.2 NAME	John A. Kelly
STREET ADDRESS	2950 Meginnis Arm Road	2.3 STREET ADDRESS	2950 Meginnis Arm Road / Dr.
CITY-ST-ZIP	Tallahassee FL 32312	2.4 CITY-ST-ZIP	Tallahassee FL 32312
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura S. Mattox	3.2 NAME	Laura S. Mattox
STREET ADDRESS	2424 Wren Hollow Drive	3.3 STREET ADDRESS	2424 Wren Hollow Drive / Dr.
CITY-ST-ZIP	Tallahassee FL 32303	3.4 CITY-ST-ZIP	Tallahassee FL 32303
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 at the time of filing; and that I am authorized 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 my address, with all other like empowered.

SIGNATURE:



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4/26/99 850-386-4959

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