

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90039 017 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000006797

1. Corporation Name
GOLF PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: C/O PATILLO & MCKEEVER, 2100 S.E. 17TH STREET, SUITE 300, OCALA FL 34471
Mailing Address: C/O PATILLO & MCKEEVER, 2100 S.E. 17TH STREET, SUITE 300, OCALA FL 34471



2. Principal Place of Business (21), 2a. Mailing Address (26), 3. Date Incorporated or Qualified (11/25/1998), 4. FEI Number (59-3567362), 5. Certificate of Status Desired (X), 6. Election Campaign Financing (), 22. Suite, Apt. #, etc. (27), 23. City & State (Miami, Florida), 24. Zip (33131), 25. Country (USA), 28. City & State (Miami, Florida), 29. Zip (33131), 30. Country (USA)

9. Name and Address of Current Registered Agent: IBC FIDUCIARY INC., 100 S.E. 2ND STREET, SUITE 2315-A, MIAMI FL 33131
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS: PSD SMEJDA, LUCIUS (100 S.E. 2ND STREET, STE. 2315-A, MIAMI FL 33131), TD MOUSIN, MICHELLE (101 N.E. 1ST. AVENUE, OCALA FL 34470), VSD HENLEY, JEANIE (444 BRICKELL AVE., STE. 51-246, MIAMI FL 33131). 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, etc.)

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: J. Henley J. HENLEY 4/26/99 (305) 358-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)