

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90008 050 \*\*\*150.00

DOCUMENT # **P98000046501**

1. Corporation Name

**TRUXELL HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**135 RIO VISTA DRIVE  
SOPCHOPPY FL 32358**

Mailing Address  
**RURAL ROUTE 1. BOX 434  
SOPCHOPPY FL 32358**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/22/1998**

2. Principal Place of Business

2a. Mailing Address

21

26

**135 Rio Vista Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

**Sopchoppy, Florida**

24

25

29

**32358**

30

**Wakulla**

4. FEI Number

**59-3526120**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRUXELL, CLYDE W III  
135 RIO VISTA DRIVE  
SOPCHOPPY FL 32358**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, 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 ☐ DELETE

NAME **Clyde W. Truxell, III**  
STREET ADDRESS **135 Rio Vista Dr.**  
CITY-ST-ZIP **Sopchoppy, FL 32358**

TITLE ☐ DELETE

NAME **Sopchoppy, FL 32358**

STREET ADDRESS **Sopchoppy, FL 32358**

CITY-ST-ZIP **Sopchoppy, FL 32358**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99

Date

850-697-3322

Daytime Phone #

CR2E034 (5/99)

0111539

P98000046501  
S90444-90008-50

Truxell Homeowner's Association, Inc.  
135 Rio Vista Drive  
Sopchoppy, Florida 32358  
850-0697-3322  
FAX 697-4326

July 7, 1999

Florida Department of State  
Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

59-3526120

Dear Madam or Sir:

We received the second notice of our Corporation Filing Fee July 6, 1999. We never received the first notice. In a phone call to your office, they told us to pay the \$150.00 fee instead of the \$550.00 fee.

The Post Office changed our mailing address since the Corporation was formed. It is possible they did not forward the first notice to us.

Please find our check for \$150.00 enclosed. Thank you.

Sincerely,



Clyde W. Truxell, III