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May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02881 (3)
1. Corporation Name

KANAPAHA FARMOWNERS' ASSOCIATION, INC.



Principal Place of Business: C/O NATALIE R. NORRIS, ROUTE 1, BOX 322-24, MICANOPY FL 32667
Mailing Address: C/O NATALIE R. NORRIS, ROUTE 1, BOX 322-24, MICANOPY FL 32667-9735

3. Date Incorporated or Qualified: 05/03/1984
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business (21-24), 2a. Mailing Address (25-30), 4. FEI Number: 59-2864326, 5. Certificate of Status Desired: \$8.75 Additional Fee Required, 6. Election Campaign Financing: \$5.00 May Be Added to Fees, 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: NORRIS, NATALIE R., ROUTE 1, BOX 322-24, 2000 KANAPAHA TRAIL, MICANOPY FL 32667
10. Name and Address of New Registered Agent (81-85)

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: _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS (1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change, Addition). Includes names like NORRIS, RONALD, TAGG, JOSEPH, NORRIS, NATALIE R., BELLAH, JAMIE.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Natalie R. Norris* 5/22/97 352-965-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011808

CR2E037 (9/96)