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
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90074 037 ****61.25

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DOCUMENT # N02881

1. Corporation Name
KANAPAHA FARMOWNERS' ASSOCIATION, INC.

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

2. Principal Place of Business 21 5917 SW 127 AVE.	2a. Mailing Address 26 5917 S.W. 127 AVE.	3. Date Incorporated or Qualifed 05/03/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2864326 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NORRIS, NATALIE R. ROUTE 1, BOX 322-24 2000 KANAPAHA TRAIL MICANOPY FL 32667	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5917 SW 127 AVE. 83 84 City 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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD ☐ DELETE NAME NORRIS, RONALD STREET ADDRESS RT. 1 BOX 322-24 CITY-ST-ZIP MICANOPY FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 5917 SW 127 AVE. 1.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE VD ☐ DELETE NAME TAGG, JOSEPH STREET ADDRESS RT. 1 BOX 322-20 CITY-ST-ZIP MICANOPY FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 6103 SW 127 AVE. 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE STD' ☐ DELETE NAME NORRIS, NATALIE R. STREET ADDRESS RT. 1, BOX 322-24 CITY-ST-ZIP MICANOPY FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 5917 SW 127 AVE 3.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE D ☐ DELETE NAME BELLAH, JAMIE STREET ADDRESS RT. 1 BOX 322-B CITY-ST-ZIP MICANOPY FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 5909 SW 127 AVE 4.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 4/29/99 352-955-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #