2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02881

1. Entity Name

KANAPAHA FARMOWNERS' ASSOCIATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90031 035 ****61.25

Principal Place of Business	Mailing Address
C/O NATALIE R. NORRIS 5917 SW 127 AVE MICANOPY FL 32667	C/O NATALIE R. NORRIS 5917 SW 127 AVE MICANOPY FL 32667-3161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2864326 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORRIS, NATALIE R. 5917 SW 127 AVE 2000 KANAPAHA TRAIL MICANOPY FL 32667	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	NORRIS, RONALD	NAME	
STREET ADDRESS	5917 SW 127 AVE	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	CITY-ST-ZIP	ZIP — 32667
TITLE	VD ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	TAGG, JOSEPH	NAME	
STREET ADDRESS	6103 SW 127 AVE	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	CITY-ST-ZIP	32667
TITLE	STD ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	NORRIS, NATALIE R.	NAME	
STREET ADDRESS	5917 SW 127 AVE	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	CITY-ST-ZIP	32667
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	BELLAH, JAMIE	NAME	
STREET ADDRESS	5909 SW 127 AVE	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	CITY-ST-ZIP	32667
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/3/00 352-335-0062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #