

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91514 043 ****61.25

DOCUMENT # N02881

1. Entity Name

KANAPAHA FARMOWNERS' ASSOCIATION, INC.

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

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

DO NOT WRITE IN THIS SPACE



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
 NAME: JONES, PHELAN
 STREET ADDRESS: 6114 SW 127 AVENUE
 CITY-ST-ZIP: MICANOPY FL 32667

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VD Delete
 NAME: TAGG, JOSEPH
 STREET ADDRESS: 6103 SW 127 AVE
 CITY-ST-ZIP: MICANOPY FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: STD Delete
 NAME: NORRIS, NATALIE R.
 STREET ADDRESS: 5917 SW 127 AVE
 CITY-ST-ZIP: MICANOPY FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D Delete
 NAME: NORRIS, RONALD
 STREET ADDRESS: 5917 SW 127 AVENUE
 CITY-ST-ZIP: MICANOPY FL 32667

TITLE: D Change Addition
 NAME: Rennard Ivey
 STREET ADDRESS: 5802 SW 127 Avenue
 CITY-ST-ZIP: Micanopy, FL 32667

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/02

352-955-6855

Date

Daytime Phone #

CR2E037 (9/01)