

FILED

May 06, 1999 8:00 am
Secretary of State

05-06-1999 90018 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000004586 ✓
1. Corporation Name
1-75 AND ARCHER ROAD, N. W. QUADRANT OWNERS ASSOCIATION, INC.

498675-90018-37

Principal Place of Business: 2012 W. UNIVERSITY AVENUE, GAINESVILLE FL 32603
Mailing Address: P.O. BOX 14425, GAINESVILLE FL 32604-2425



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/11/1993
23	City & State	City & State	4. FEI Number: 59-3241007
24	Zip	Country	Applied For: Not Applicable
25	Country	Country	5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required
29	Country	Country	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRAM, LESLIE D 2912 W. UNIVERSITY AVENUE GAINESVILLE FL 32603		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, BRUCE D	1.2 NAME	
STREET ADDRESS	2012 W. UNIVERSITY AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32603	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMBERT, DAVIS M	2.2 NAME	BRIAN SCHENK
STREET ADDRESS	2010 N.E. 27TH AVE.	2.3 STREET ADDRESS	P.O. BOX 23180 LIL' CHAMP FOOD STORES
CITY-ST-ZIP	GAINESVILLE FL 32609	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RON	3.2 NAME	DALE WIGGINS
STREET ADDRESS	4001 SW 43RD ST CRACKER BARREL OLD COUNTRY	3.3 STREET ADDRESS	4001 SW 43RD ST, CRACKER BARREL
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROBERTA REILLY
STREET ADDRESS		4.3 STREET ADDRESS	3905 SW 43RD ST., BAYMONT INN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: X [Signature] 2x15-99 952-392-5405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-141981