

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001758

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** OX BOW HILL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7403 OX BOW CIRCLE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

6451 OX BOW CT  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

7403 OX BOW CIRCLE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

6451 OX BOW CT  
TALLAHASSEE, FL 32312

**FEI Number:** 59-3767508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, ROBERT A JR  
7403 OX BOW CIRCLE  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CAMPBELL, ROBERT A JR  
Address: 7403 OX BOW CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: CAMPBELL, SHIRLEY V  
Address: 7120 OX BOW CIR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: CAMPBELL, ROBERT A III  
Address: 7120 OX BOW CIR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: T  
Name: FUDULOFF, MIKE  
Address: 6451 OX BOW CT  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKE FUDULOFF

TREA

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date