

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N29115
1. Entity Name

FILED

02 MAY 21 AM 11: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ox Bottom Manor Community Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1114 East Park Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 15456
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL
Zip
32301
Country
USA

City & State
Tallahassee, FL
Zip
32317
Country
USA

4. FEI Number
59-2948258
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
David A Theriaque
Street Address (P.O. Box Number is Not Acceptable)
1114 E Park Avenue
City
Tallahassee FL Zip Code
32301

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 N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
melinda Halvorsen
6498 mallard trace D
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Jane Clendinning
6289 Black Fox way D
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Robert Hicks
6364 Belgrand Drive D
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
mike Wernke
534 meadow Ridge D
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Dan Moniz
6244 Hines Circle D
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
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CR2E037B(12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #