


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90131 035 ****61.25

DOCUMENT # N29115

1. Entity Name
OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**7113 BEECH RIDGE TRAIL SUITE 1
TALLAHASSEE, FL 32312 US**

Mailing Address
**P.O. BOX 15456
TALLAHASSEE, FL 32317 US**

40040110



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03282007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2948258

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

**EDDY, MARIE M
7113 BCH RIDGE TRL STE 1
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SPOOK, STEVE	
STREET ADDRESS	546 MEADOW RIDGE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELSBERRY, SHARON	
STREET ADDRESS	5952 N BOTTOM MANOR DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HICKS, ROBERT	
STREET ADDRESS	6364 BELGRAND DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOCHMUTH, MARILYN	
STREET ADDRESS	6340 PICKNEY HILL	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLEAN, FRANK	
STREET ADDRESS	493 MEADOW RIDGE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEAQUIST, BRYAN	
STREET ADDRESS	175 COTILLION CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marie Eddy 3/28/07 850 894-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #