
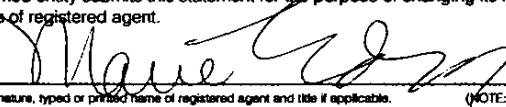
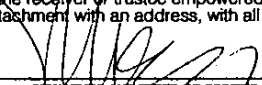


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90015 014 \*\*\*\*61.25

<b>DOCUMENT # N29115</b>					
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		
2. Principal Place of Business - No P.O. Box # 1607 Village Sq, Blvd Suite, Apt. #, etc. Ste 8		3. Mailing Address Suite, Apt. #, etc.		02192008 Chg-NP CR2E037 (12/06)	
City & State Tallahassee, FL		City & State		4. FEI Number 59-2948258	
Zip 32309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDDY, MARIE M 7443 BCH RIDGE TRL STE 1 TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable) 1607 Village Sq, Blvd, Ste 8 City Tallahassee FL Zip Code 32309	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 2/20/08	
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPOOK, STEVE			NAME	ERVIN, MARK
STREET ADDRESS	546 MEADOW RIDGE			STREET ADDRESS	281 THORNBERG DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	ELSBERRY, SHARON			NAME	
STREET ADDRESS	5952 N BOTTOM MANOR DR			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	HICKS, ROBERT			NAME	
STREET ADDRESS	6364 BELGRAND DRIVE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	SEAQUIST, BRYAN			NAME	
STREET ADDRESS	175 COTILLION CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	MCCLEAN, FRANK			NAME	
STREET ADDRESS	493 MEADOW RIDGE DR			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 				DATE: 2/20/08 850-894-1919	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				Daytime Phone #	

40030110

