

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29115

FILED
Mar 17, 2009
Secretary of State

Entity Name: OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1607 VILLAGE SQ BLVD
STE 8
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15456
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2948258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDY, MARIE M
1607 VILLAGE SQ BLVD
STE 8
TALLAHASSEE, FL 32309 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 () Delete
Name: ERVIN, MARK
Address: 281 THORNBERG DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: ELSBERRY, SHARON
Address: 5952 N BOTTOM MANOR DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD () Delete
Name: HICKS, ROBERT
Address: 6364 BELGRAND DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MCCLEAN, FRANK
Address: 493 MEADOW RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELSBERRY, SHARON
Address: 5952 OX BOTTOM MANOR DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SPOOK, STEVE
Address: 546 MEADOW RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIE EDDY

MGR

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date