

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39253

FILED
Apr 13, 2009
Secretary of State

Entity Name: NUTMEG COURT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2985 NUTMEG CT
TALLAHASSEE, FL 32308

New Principal Place of Business:

2990 NUTMEG CT
TALLAHASSEE, FL 32308

Current Mailing Address:

2985 NUTMEG CT
TALLAHASSEE, FL 32308

New Mailing Address:

2990 NUTMEG CT
TALLAHASSEE, FL 32308

FEI Number: 59-2992062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JANE E
2985 NUTMEG COURT
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

FORD-JONES, MARVA J
2990 NUTMEG COURT
TALLAHASSEE, FL 32308 US

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: MARVA JEAN FORD-JONES

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REEVES, MARK
Address: 2983 NUTMEG CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: GAINES, LISA
Address: 2986 NUTMEG CT.
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD () Delete
Name: DAVIS, JANE E
Address: 2985 NUTMEG CT
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: FORD-JONES, MARVA J
Address: 2990 NUTMEG CT
City-St-Zip: TALLAHASSEE, FL 32308

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: MARK REEVES

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date