


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N39875 1. Entity Name BANNERMAN BLUFF HOMEOWNERS ASSOCIATION, INC.	
---	---

FILED

09 FEB 27 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 US	Mailing Address 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 US
---	---

2. Principal Place of Business - No P.O. Box # 8520 Bannerman Bluff Dr	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02272009 REIN-NP CR2E099 (1/07)

City & State Tallahassee FL	City & State
Zip 32312	Country USA

4. FEI Number 59-3319164	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent RITCHEY, PATRICK F 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Todd Cimmino Street Address (P.O. Box Number is Not Acceptable) 8520 Bannerman Bluff Dr. City Tallahassee FL Zip Code 32312
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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 _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
------------------------------------	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIMMINO, TODD R 8520 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, KEN 8552 BANNENMAN BLUFF DR. TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600144600206 02/27/09--01021--001 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCKS-MILDROW, MONICA 8585 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOS, TONY 8512 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITING, PATTI 8512 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITING, AMY 8525 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 08-09

B 2/27/09

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: _____ DAYTIME PHONE #: **850-345-7002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR