

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000447

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: OX BOTTOM GARDENS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 59-3220292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISAACS, DAN L  
431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 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: DVP ( ) Delete  
Name: RUDD, LEY  
Address: 176 SUGAR PLUM  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: FOSTER, JOHN  
Address: 208 BAXTER  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT ( ) Delete  
Name: TYRRELL, SHARON  
Address: 200 SUGAR PLUM  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP ( ) Delete  
Name: MICHAELS, SUSAN  
Address: 210 BAXTER COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS ( ) Delete  
Name: SUNDIN, CHERYL  
Address: 133 LOVE RIDGE CT.  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: DINGER, BOB  
Address: 176 SUGAR PLUM  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP (X) Change ( ) Addition  
Name: MILLER, NORA  
Address: 5978 LOVE RIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: DS (X) Change ( ) Addition  
Name: MICHAELS, THOMAS  
Address: 210 BAXTER COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DACP (X) Change ( ) Addition  
Name: SUNDIN, MIKE  
Address: 133 LOVE RIDGE CT.  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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: NORA MILLER

DP

04/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date