## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000000447

FILED Apr 27, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 431 WAVERLY ROAD 528 E. PARK AVENUE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 431 WAVERLY ROAD 528 E. PARK AVENUE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32301 FEI Number: 59-3220292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ISAACS, DAN L ISAACS, DAN L 431 WAVERLY ROAD 528 E. PARK AVENUE TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32312 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: 04/27/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DVP () Delete () Change () Addition DINGER, BOB Name: Name: 176 SUGAR PLUM Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MILLER, NORA Name: Name: Address: 5978 LOVE RIDGE RD Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TYRRELL, SHARON Name: WOODWARD, CANDY Name: 200 SUGAR PLUM Address: Address: 6015 LOVE RIDGE DRIVE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 ( ) Delete Title: DS Title: () Change () Addition MICHAELS, THOMAS Name: Name: Address: 210 BAXTER COURT Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: DACP ( ) Delete Title: DACP (X) Change ( ) Addition SUNDIN, MIKE Name: Name: DURKEE, JACQUE 133 LOVE RIDGE CT. 6007 LOVE RIDGE DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 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: BOB DINGER DVP 04/27/2008