

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000447

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**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  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: DINGER, BOB  
Address: 176 SUGAR PLUM  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: DT ( ) Delete  
Name: WOODWARD, CANDY  
Address: 6015 LOVE RIDGE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: DACP ( ) Delete  
Name: DURKEE, JACQUE  
Address: 6007 LOVE RIDGE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

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

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

Title: DVP (X) Change ( ) Addition  
Name: DURKEE, JACQUE  
Address: 6007 LOVE RIDGE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

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

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

Title: D (X) Change ( ) Addition  
Name: SUNDIN, MIKE  
Address: 133 LOVE RIDGE COURT  
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

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date