

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51466

FILED
Jan 22, 2007
Secretary of State

Entity Name: RAYMOND DIEHL LANE BUSINESS CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3360 RAYMOND DIEHL BUSINESS LANE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

3360 RAYMOND DIEHL BUSINESS LANE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3228699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, TAMI
3360 RAYMOND DIEHL BUS LANE
TALLAHASSEE, FL 32308 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: D () Delete
Name: CHANDLER, TAMI
Address: 3360 RAYMOND DIEHL BUSINESS LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MAYNARD, SUSIE
Address: 8993 GLEN EAGLE WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MARSHALL, JAMES
Address: 2976 MEDINAH COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MOZLEY, JACK
Address: 3821 KILKIERANE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: TAMI CHANDLER

D

01/22/2007

Electronic Signature of Signing Officer or Director

Date