

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006232

FILED  
Feb 24, 2011  
Secretary of State

**Entity Name:** SONGBIRD SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13089  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 38-3643079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
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: DT  
Name: PRESTIA, JOEY C  
Address: 53 CARDINAL COURT  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DS  
Name: MONTEPELLIER, BOB  
Address: 57 CARDINAL COURT  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DP  
Name: SIMONS, IRA  
Address: 28 NUTHATCH TRAIL  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DVP  
Name: FRICK, MIKE  
Address: 46 PURPLE MARTIN COVE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DAC  
Name: RUTTER, BOB  
Address: 30 NUTHATCH TRAIL  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT S. RHINEHART

RA

02/24/2011

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

\_\_\_\_\_  
Date