## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006232

Entity Name: SONGBIRD SUBDIVISION PROPERTY OWNERS ASSOCIATION,

INC.

FILED
Apr 30, 2018
Secretary of State
CC1197832036

## **Current Principal Place of Business:**

644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301

## **Current Mailing Address:**

PO BOX 13089

TALLAHASSEE, FL 32317 US

FEI Number: 38-3643079 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

RHINEHART, ROBERT S 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title	TREASURER	Title	PRESIDENT
Name	MONTPELLIER, CATHY	Name	PIENTA, DAVID

Address 644 CAPITAL CIRCLE NE Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY Title VF

Name TAYLOR, SAMANTHA Name HARVEY, DANA

Address 644 CAPITAL CIRCLE NE Address 644 CAPITAL CIRCLE NE

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR Title MANAGER/AGENT

Name FIELDS, JIM Name RHINEHART, ROBERT S

Address 644 CAPITAL CIRCLE NE Address PO BOX 13089

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32317

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 RHINEHART

REGISTERED AGENT

04/30/2018