

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006232

**Entity Name:** SONGBIRD SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.**FILED**  
**Apr 11, 2013**  
**Secretary of State**  
**CC5690512569****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
Name	MONTPELLIER, CATHY
Address	57 CARDINAL COURT
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	PRESIDENT
Name	PIENTA, DAVID
Address	53 MEADOWLARK DRIVE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	SECRETARY
Name	TAYLOR, SAMANTHA
Address	54 GOLDFINCH WAY
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VP
Name	HARVEY, DANA
Address	18 THRASHER LANE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	DIRECTOR
Name	MALONI, MICHELE
Address	16 CARDINAL CT
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	MANAGER/AGENT
Name	RHINEHART, ROBERT S
Address	PO BOX 13089
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 S RHINEHART****MANAGER/AGENT****04/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date