

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006232

Entity Name: SONGBIRD SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Mar 18, 2016
Secretary of State
CC8529747494**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 | 644 CAPITAL CIRCLE NE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

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|-----------------|-----------------------|
| Title | VP |
| Name | PIENTA, DAVID |
| Address | 644 CAPITAL CIRCLE NE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

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|-----------------|-----------------------|
| Title | SECRETARY |
| Name | TAYLOR, SAMANTHA |
| Address | 644 CAPITAL CIRCLE NE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

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|-----------------|-----------------------|
| Title | PRESIDENT |
| Name | HARVEY, DANA |
| Address | 644 CAPITAL CIRCLE NE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

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|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | FIELDS, JIM |
| Address | 644 CAPITAL CIRCLE NE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

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|-----------------|----------------------|
| 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****03/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date