

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29115

**Entity Name:** OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1616 METROPOLITAN CIRCLE  
SUITE C  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

POST OFFICE BOX 11143  
TALLAHASSEE, FL 32302 US

**FEI Number:** 59-2948258

**Certificate of Status Desired:** No

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

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.  
1616 METROPOLITAN CIRCLE  
SUITE C  
TALLAHASSEE, FL 32308 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:** JOANIE TROTMAN

02/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name RAMIREZ, RENEE  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title DVP  
Name SMITH, JOHN  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title MA  
Name FLORIDA ASSOCIATION & PROPERTY  
MANAGEMENT, INC.  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title DS  
Name MCWHIRTER, TIM  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title DT  
Name HOLLAND, STEVE  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title D  
Name HURST, ANDRA  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

*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:** JOANIE TROTMAN

CAM

02/24/2024

Electronic Signature of Signing Officer/Director Detail

Date