

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29115

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

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC7501451541**

**Current Principal Place of Business:**

7113 BEECH RIDGE TRAIL  
SUITE 2  
TALLAHASSEE, FL 32312-5045

**Current Mailing Address:**

7113 BEECH RIDGE TRAIL  
SUITE 2  
TALLAHASSEE, FL 32312-5045 US

**FEI Number: 59-2948258**

**Certificate of Status Desired: No**

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

LEWIS ASSOCIATION PROPERTY MGMT  
7113 BEECH RIDGE TRAIL  
SUITE 2  
TALLAHASSEE, FL 32312-5045 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: CHERI GARBARK**

**03/30/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FOLSOM, DAVID  
Address        7113 BEECH RIDGE TRAIL  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32312-5045

Title           SECRETARY  
Name           ROBERTS , TERRY  
Address        7113 BEECH RIDGE TRAIL  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32312-5045

Title           PRESIDENT  
Name           KEENA, CHRIS  
Address        7113 BEECH RIDGE TRAIL  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32312-5045

Title           VP  
Name           KOUL, PRADEEP  
Address        7113 BEECH RIDGE TRAIL  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32312-5045

Title           DIRECTOR  
Name           TATILIAN, DESI  
Address        7113 BEECH RIDGE TRAIL  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32312-5045

*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: KEENA , CHRIS**

**PRESIDENT**

**03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date