

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000447

**Entity Name:** OX BOTTOM GARDENS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309**Current Mailing Address:**POST OFFICE BOX 11143  
TALLAHASSEE, FL 32302**FEI Number:** 59-3220292**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORIDA ASSOCIATION & PROPERTY MANAGEMENT  
2121 KILLARNEY WAY  
TALLAHASSEE, FL 32302 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	DVP
Name	CONTENT, ROBERT
Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302

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

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

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

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

Title	D
Name	OTWAY, RICHARD
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

04/26/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date