

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728542

FILED
Feb 09, 2009
Secretary of State

Entity Name: LOS ROBLES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1509 FERNANDO DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1509 FERNANDO DRIVE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEHAVEN, CAROLYN L
1509 FERNANDO DRIVE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESKES, JOHN
Address: 1538 CRISTOBAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: DIXON, DON
Address: 1552 CRISTOBAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: DEAN, AMANDA
Address: 1538 CRISTOBAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: DETTAWEN, CAROLYN
Address: 1509 FERNANDO DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESTES, JOHN
Address: 1538 CRISTOBAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: T (X) Change () Addition
Name: DEHAVEN, CAROLYN L
Address: 1509 FERNANDO DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLYN L. DEHAVEN

T

02/09/2009

Electronic Signature of Signing Officer or Director

Date