

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770309**

1. Entity Name  
**SAN LUIS ON THE PARK HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**1575 SAN LUIS ON THE PARK  
TALLAHASSEE, FL 32304**

Mailing Address  
**1575 SAN LUIS ON THE PARK  
TALLAHASSEE, FL 32304**



01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2787764**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**BAUMAN, SENE  
1569 SAN LUIS ON THE PARK  
TALLAHASSEE, FL 32304**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BAUMAN, SENE  
STREET ADDRESS 1569 SAN LUIS ON THE PARK  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE D  
NAME BRASWELL, ROBERT  
STREET ADDRESS 1563 SAN LUIS ON THE PARK  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE SD  
NAME FOXON, MARGUERITE  
STREET ADDRESS 1567 SAN LUIS ON THE PARK  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARGUERITE FOXON 1/5/08 850/383 9950**

Date

Daytime Phone #