

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G78406

1. Entity Name

THE LOMA FARMS ROADOWNERS MAINTENANCE
ASSOCIATION, INC.



Principal Place of Business

3579 LOMA FARM RD
TALLAHASSEE, FL 32309 US

Mailing Address

3579 LOMA FARM RD
TALLAHASSEE, FL 32309 US

FILED

07 MAY -1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2563964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, TEDDY F
3579 LOMA FARM ROAD
TALLAHASSEE, FL 32309

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MORRIS, TERESA
STREET ADDRESS 3676 LOMA FARM RD
CITY - ST - ZIP TALLAHASSEE, FL 32309

TITLE V
NAME CRAWFORD, BILL
STREET ADDRESS 3513 LOMA FARM RD
CITY - ST - ZIP TALLAHASSEE, FL 32309

TITLE S
NAME REEDER, C R
STREET ADDRESS 3648 LOMA FARM RD
CITY - ST - ZIP TALLAHASSEE, FL 32309

TITLE T
NAME PAYNE, TEDDY F
STREET ADDRESS 3579 LOMA FARM RD
CITY - ST - ZIP TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100102931071
05/21/07-01014-015 **150.00

**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 607, 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

TEDDY F. PAYNE

Date

5/1/07

Daytime Phone #

850-410-7165