

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 17, 2004
Secretary of State**

DOCUMENT# N00000004536

Entity Name: BETTON WOODS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2646 NOBLE DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

2646 NOBLE DR.
TALLAHASSEE, FL 32308

Current Mailing Address:

2646 NOBLE DR.
TALLAHASSEE, FL 32312

New Mailing Address:

2646 NOBLE DR.
TALLAHASSEE, FL 32308

FEI Number: 59-3664035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREW, RICHARD
2650 NOBLE DR.
TALLAHASSEE, FL 32312

Name and Address of New Registered Agent:

JOHNSON, LINDA
2524 NOBLE DR.
TALLAHASSEE, FL 32308

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: LINDA K. JOHNSON

05/17/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BREY, PAIGE
Address: 2646 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: V () Delete
Name: KIDD, CLIFF
Address: 1897 WOODGATE WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: FOSTER, BARBARA
Address: 2531 GOOSE POND CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: SMITH, JANIE
Address: 2658 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LINDA, JOHNSON
Address: 2524 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: V (X) Change () Addition
Name: FOSTER, BARBARA
Address: 2531 GOOSE POND CT.
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD (X) Change () Addition
Name: BREY, PAIGE
Address: 2646 NOBLE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD (X) Change () Addition
Name: BURNSIDE, SALLY
Address: 2649 EGRET LANE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAIGE P. BREY

SD

05/17/2004

Electronic Signature of Signing Officer or Director

Date