

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006745

FILED
Jul 06, 2006
Secretary of State

Entity Name: LOGAN'S RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4003 LOGANS RUN
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

4003 LOGANS RUN
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3715090 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, G. B
4003 LOGANS RUN
TALLAHASSEE, FL 32309 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: D () Delete
Name: SMITH, G. B
Address: 4003 LOGANS RUN
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: MYERS, DAVID
Address: P.O. BOX 3811
City-St-Zip: TALLAHASSEE, FL 32315

Title: D () Delete
Name: SHOEMAKER, PHILIP
Address: 4018 LOGANS RUN
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: KILBRIDE, DANIEL
Address: 4013 LOGANS RUN
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: G. BRIAN SMITH

D

07/06/2006

Electronic Signature of Signing Officer or Director

Date