## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # N01000000073** 

CHARTER OAK/DELLVIEW NEIGHBORHOOD ASSOCIATION, INC.



Jan 15, 2008 8:00 am **Secretary of State** 

01-15-2008 90031 021 \*\*\*\*61.25

**FILED** 

				1	TO THE				
2125 CHARTER OAK DR. 21		2125 CI	Mailing Address 2125 Charter Oak Dr. Tallahassee, Fl. 32303						
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing	. Mailing Address						
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			01082008 C	hg-NP	CR2E037 (12/06)	
City & State		City &	City & State			4. FEI Number Applied For 59-3690654 Not Applicable			
Zip	Zip Country		Zip Coui			5. Certificate of S	tatus Desired	S8.75 Ad	
	6. Name and Address of Current	Registered A	Agent			7. Name and Add	ress of New R	egistered Agent	
MOVEDO	HIMP			Name					
VICKERS, JUNE 2125 CHARTER OAK DR. TALLAHASSEE, FL 32303			Street	Street Address (P.O. Box Number is Not Acceptable)					
TALLA MODEL, I E DEGO									
				City				FL Zip Co	de
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 a	and title if applicat	bie. (NOTE	Registered Agent sign.	ature required	d when rematating)	· · · · · ·	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		ake check payable ida Department of S	
10.	OFFICERS AND DIF	RECTORS	S 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D/P		☐ Delete	TITLE	ļ			Change	Addition
NAME .	VICKERS, JUNE			NAME					ļ
STREET ADORESS	2125 CHARTER OAK DR.			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME	KELLER, DEBORAH		☐ Delete	TITLE				Change	* 🔲 Addition
STREET ADORESS	1134B WALDEN ROAD			STREET ADDRESS	.				
CITY-ST-ZIP	TALLAHASSEE, FL 323178437			CITY-ST-ZIP	1				
TITLE	D		<b>K</b> Delete	TITLE	1			☐ Change	☐ Addition
NAME	MCWILLIAMS, DANIEL			NAME					
STREET ADDRESS	2105 EAST DELLVIEW DRIVE			STREET ADORESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	1				
TITLE	THOMPSON, S.		☐ Delete	TITLE NAME	Die	rector		🔀 Change	Addition
NAME STREET ADDRESS	2137 CHARTER OAK DRIVE			STREET ADDRESS	.1				
CITY-ST-ZIP				CITY-ST-ZIP				,	
	TALLAHASSEE, FL 32303				1				
TITLE	ST		☐ Delete	TITLE	1	- · · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME	ST DAVIS, BEVERLY		☐ Delete	NAME		<del></del>		☐ Change	☐ Addition
NAME STREET ADDRESS	ST — DAVIS, BEVERLY 2131 CHARTER OAK DR.		☐ Delete	NAME STREET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ST — DAVIS, BEVERLY 2131 CHARTER OAK DR. TALLAHASSEE, FL 32303			NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST — DAVIS, BEVERLY 2131 CHARTER OAK DR. TALLAHASSEE, FL 32303 D		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ST — DAVIS, BEVERLY 2131 CHARTER OAK DR. TALLAHASSEE, FL 32303			NAME STREET ADDRESS CITY-ST-ZIP	-				

12. I hereby certify that the information supplied with this filing does not quality 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: \_