2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 23, 2006 08:00 AN DOCUMENT # N01000001758 **Secretary of State** 1. Entity Name OX BOW HILL HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 7403 OX BOW CIRCLE TALLAHASSEE FL 32312 7403 OX BOW CIRCLE TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3767508 Not Applicate Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMPBELL, ROBERT A JR 7403 OX BOW CIRCLE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 City Zip Code 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 access 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 \$61.25 . Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State arther th OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TITLE ☐ Chance □ Additi Delete TITLE CAMPBELL, ROBERT A JR NAME NAME STREET ADDRESS 7403 OX BOW CIRCLE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY - ST - ZIP Delete Change Change Addis. TITLE CAMPBELL, SHIRLEY V NAME NAME 000000395738 7120 OX BOW CIR STREET ADDRESS STREET ADDRESS 01/27/06-80004-018 61.25 CITY-ST-ZIP TALLAHASSEE FL 32312 CITY -ST-ZIP ☐ Change □ Add" ☐ Delete TITLE TITLE NAME CAMPBELL, ROBERT A !!! NAME STREET ADDRESS 7120 OX BOW CIR STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 [] Change Acii." Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additi ☐ Delete Change TiĭiF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Add" TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction 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 1 if changed, or on an attachment with an appears in the line of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the

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