

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000001758

1. Entity Name
OX BOW HILL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**7403 OX BOW CIRCLE
TALLAHASSEE, FL 32312**

Mailing Address
**7403 OX BOW CIRCLE
TALLAHASSEE, FL 32312**



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3767508

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, ROBERT A JR
7403 OX BOW CIRCLE
TALLAHASSEE, FL 32312**

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000784986
01/15/08-80077-010-151.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPBELL, ROBERT A JR
STREET ADDRESS	7403 OX BOW CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	CAMPBELL, SHIRLEY V
STREET ADDRESS	7120 OX BOW CIR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	CAMPBELL, ROBERT A III
STREET ADDRESS	7120 OX BOW CIR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	T
NAME	FUDULOFF, MIKE
STREET ADDRESS	6451 OX BOW CT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-668-4900