

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 24 AM 8:03

DOCUMENT # N01000004542

1. Entity Name
BETTON BROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

Mailing Address
PO BOX 13089
TALLAHASSEE, FL 32317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3725971**
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHINEHART, ROBERT S CAM
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/08

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DEBORAH R	
STREET ADDRESS	820 WILMON COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FINGAR, ROBERT D	
STREET ADDRESS	827 WILMON COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	EGAN, JUDY	
STREET ADDRESS	814 WILMON COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SAPP, IDA JEAN	
STREET ADDRESS	832 WILMON COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Rubin-Streit	
STREET ADDRESS	863 Wilmon CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim FULGHUM	
STREET ADDRESS	845 WILMON CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	BARBARA SMITH -DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA SMITH	
STREET ADDRESS	850 WILMON CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/24/08--01001--028 **61.25

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/08