2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N01000004542

Entity Name: BETTON BROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

New Principal Place of Business:

863 WILMON COURT
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 13089
TALLAHASSEE, FL 32317

New Mailing Address:

863 WILMON COURT
TALLAHASSEE, FL 32308

FEI Number: 59-3725971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RUBIN-STREIT, PHILIP
863 WILMON COURT
TALLAHASSEE, FL 32308 US

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: PHILIP RUBIN-STREIT 01/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RUBIN-STREIT, PHILIP
Address: 863 WILMON CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: FULGHUM, JIM
Address: 845 WILMON CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: SMITH, BARBARA
Address: 850 WILMON CT
City-St-Zip: TALLAHASSEE, FL 32308

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:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA A. SMITH DI 01/23/2009
Electronic Signature of Signing Officer or Director Date