2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-02-2006 90183 009 ****61.25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 PM 3:04

DOCUMENT # N02000001215

1. Entity Name
BUNTING NEIGHBORHOOD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
52 BUNTING DR. CRAWFORDVILLE, FL 32327	52 BUNTING DR. CRAWFORDVILLE, FL 32327

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04292006 Chg-NP CR2E037 (4/06)

4. FEI Number 61-1405368 ☐ 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
BASSETT, WILLIAM E 52 BUNTING DR. CRAWFORDFILLE, FL 32327	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, 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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BASSETT, WILLIAM E 52 BUNTING DR. CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Frable, Robert S. 65 Bunting Dr Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WORKMAN, BRYAN R 52 BUNTING DR. CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sgt of Arms (Officer) Hineman, Michael J. 51 Bunting Dr Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANURIN, SAL 52 BUNTING DR. CRAWFORDVILLE, FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARNOLD, LEONARD MARK 52 BUNTING DR. CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: William E. Bassett William E. Bassett 4/28/06 (850)926-9490
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR — Date — Daytime Phone #