

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001215

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



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

Mailing Address
52 BUNTING DR.
CRAWFORDVILLE, FL 32327

FILED

07 MAY -1 PM 2:14



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

04102007

Chg-NP

CR2E037 (12/06)

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.
CRAWFORDVILLE, 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, 2007

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 PD
NAME BASSETT, WILLIAM E ☐ Delete
STREET ADDRESS 52 BUNTING DR.
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☒ Change ☐ Addition
NAME *W/D*
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME WORKMAN, BRYAN R
STREET ADDRESS 52 BUNTING DR.
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☒ Addition
NAME *P/S/D*
STREET ADDRESS *Hineman, Kimberly*
CITY-ST-ZIP *51 Bunting Dr.*
Crawfordville, FL 32327

TITLE TD ☒ Delete
NAME FRABLE, ROBERT S
STREET ADDRESS 65 BUNTING DRIVE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☒ Addition
NAME *T/D*
STREET ADDRESS *Crawford, Renee*
CITY-ST-ZIP *16 Bunting Dr*
Crawfordville, FL 32327

TITLE SD ☒ Delete
NAME ARNOLD, LEONARD MARK
STREET ADDRESS 52 BUNTING DR.
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SOA ☒ Delete
NAME HINEMAN, MICHAEL J
STREET ADDRESS 51 BUNTING DRIVE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/28/07 (850)926-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #