


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

03-07-2005 90255 008 ***150.00


DOCUMENT # N02000009928 1. Entity Name BAINBRIDGE OAKS OWNERS ASSOCIATION, INC.					
Principal Place of Business 4997-A O'NIEL LN TALLAHASSEE, FL 32303				Mailing Address 4997-A O'NIEL LN TALLAHASSEE, FL 32303	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 65-0202357	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PELHAM, DANA 4997-A O'NIEL LN TALLAHASSEE, FL 32303			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP PELHAM, RICHARD L 4997-A O'NIEL LN TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dallas Lambert 1500 Fuller Rd Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PELHAM, DANA 4997-A O'NIEL LN TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHMIDT, LARRY P.O. BOX TALLAHASSEE, FL 32318		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Dana Pelham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-5-05 850-562-8498 <small>Date Daytime Phone #</small>		

66024299



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ANNUAL REPORT**

ATTACHMENT

DOCUMENT # N02000009928				
1. Entity Name BAINBRIDGE OAKS OWNERS ASSOCIATION, INC.				
Principal Place of Business 4997-A O'NIEL LN TALLAHASSEE, FL 32303		Mailing Address 4997-A O'NIEL LN TALLAHASSEE, FL 32303		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent PELHAM, DANA 4997-A O'NIEL LN TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PELHAM, RICHARD L 4997-A O'NIEL LN TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PELHAM, DANA 4997-A O'NIEL LN TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHMIDT, LARRY P.O. BOX TALLAHASSEE, FL 32318	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dallas Lambert 1500 Fuller Rd Tallahassee, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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SIGNATURE: <u>Dana Pelham</u>		Dana Pelham		3/2/05 (850) 562 8498

TIDAL INVESTMENT, INC.		0316
PH. 850-562-8498 FX. 850-562-4854		63-1517/631
P.O. BOX 180070		
TALLAHASSEE, FL 32318		
Department of State, Fl		3/2/05 DATE
PAY TO THE ORDER OF _____		\$ 150.00
One Hundred Fifty and n/100--		DOLLARS
The Bank		
OF TALLAHASSEE		
FOR N02000009928-Bainbridge Oaks HO		
00631151781		30001111 0316