

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**FILED**  
06 JAN 31 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01272006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0202357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PELHAM, DANA  
4997-A O'NIEL LN  
TALLAHASSEE, FL 32303

**DO NOT WRITE  
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAMBERT, DALLAS
STREET ADDRESS	1500 FULLER ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	DST
NAME	PELHAM, DANA
STREET ADDRESS	4997-A O'NIEL LN
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	DV
NAME	SCHMIDT, LARRY
STREET ADDRESS	P.O. BOX
CITY-ST-ZIP	TALLAHASSEE, FL 32318
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400065566884  
02/10/06--01021--003 \*\*61.25

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IN THIS SPACE**

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:

*Dana Pelham*

Dana Pelham

1-26-06

850 562 8498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Roberts JAN 31 2006