

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90006 026 ****61.25

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1. Entity Name
BAINBRIDGE OAKS OWNERS ASSOCIATION, INC.



Principal Place of Business
4997-A O'NIEL LN
TALLAHASSEE, FL 32303

Mailing Address
P.O. BOX 180070
TALLAHASSEE, FL 32317

40054259



03052008 No Chg-NP CR2E037 (4/06)

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

MARRITT, DANA L
4997-A ONIEL LN
TALLAHASSEE, FL 32317

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LAMBERT, DALLAS
1500 FULLER ROAD
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MERRITT, DANA
4997-A ONIEL LANE
TALLAHASSEE, FL 32318

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SCHMIDT, LARRY
P.O. BOX
TALLAHASSEE, FL 32318

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-08

850 562 8498