## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009928

FILED Jun 23, 2009 Secretary of State

Entity Name: BAINBRIDGE OAKS OWNERS ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 4997-A O'NIEL LN TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** P.O. BOX 180070 TALLAHASSEE, FL 32317 FEI Number: 65-0202357 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARRITT, DANA L MARRITT, DANA L 4997-A ONIEL LN 4997-A ONIEL LN TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32303 US US 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. SIGNATURE: 06/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LAMBERT, DALLAS Name: Name: Address: 1500 FULLER ROAD Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: DST () Delete Title: DST (X) Change ( ) Addition Name: MERRITT, DANA Name: MERRITT, DANA Address: 4997-A ONIEL LANE Address: 4997-A ONIEL LANE City-St-Zip: TALLAHASSEE, FL 32318 City-St-Zip: TALLAHASSEE, FL 32303 Title: DV () Delete Title: (X) Change ( ) Addition SCHMIDT, LARRY Name: SCHMIDT, LARRY Name: 4998 O'NIEL LANE Address: POBOX Address: City-St-Zip: TALLAHASSEE, FL 32318 City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA MERRITT PRES 06/23/2009