

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001150

FILED  
Jan 31, 2005  
Secretary of State

**Entity Name:** BULL RUN SOUTH PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1415 E PIEDMONT DR, STE 3  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1415 E PIEDMONT DR, STE 3  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLOCK, BYRON  
1415 E PIEDMONT DR, STE 3  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLOCK, BYRON  
Address: 1415 E PIEDMONT DR, STE 3  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: DORSEY, FRANK  
Address: 401 E VIRGINIA ST  
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete  
Name: HEBENTHAL, ELAINE  
Address: 1415 E PIEDMONT DR, STE 3  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELAINE HEBENTHAL

STD

01/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date