## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400005005

FILED Mar 18, 2009 Secretary of State

Entity Name: THE BULL RUN UNIT 1 HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1415 E PIEDMONT DR. SUITE 3 TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1415 E PIEDMONT DR, SUITE 3 1607 VILLAGE SQUARE BLVD TALLAHASSEE, FL 32308 SUITE 8 TALLAHASSEE, FL 32309 FEI Number: 20-1932831 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLOCK, BYRON B EDDY, MARIE 1607 VILLAGE SQUARE BLVD 1415 E PIEDMONT DR. SUITE 3 TALLAHASSEE, FL 32308 SUITE 8 TALLAHASSEE, FL 32309 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: MARIE EDDY 03/18/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BLOCK, BRYON B Name: Name: 1415 E PIEDMONT DR, SUITE 3 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LEWIS, JOHN Name: Address: 401 E VIRGINIA STREET Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: (X) Delete Title: () Change () Addition WILKINSON, BEN JR Name: Name: 217 JOHN KNOX RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: ( ) Delete Title: Title: () Change () Addition HEBENTHAL, ELAINE Name: Name: 1415 E PIEDMONT DR, SUITE 3 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip:

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: MARIE EDDY MGR 03/18/2009