2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008392

FILED Apr 30, 2009 Secretary of State

Entity Name: SYCAMORE RIDGE HOMEOWNERS ASSOCIATION, INC.

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1505 CAPITAL CIRCLE NW 10711 SYCAMORE RIDGE LANE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32305

Current Mailing Address: New Mailing Address:

1505 CAPITAL CIRCLE NW 10711 SYCAMORE RIDGE LANE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32305

FEI Number: 90-0264743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARTMAN CURTIN, LLC LETT, PAMELA P PRES 10711 SYCAMORE RIDGE LANE 207 W. PARK AVE. SUITE A TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32301 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: PAMELA P. LETT 04/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MEEKS, JR., JIMMY LETT. PAMELA P Name: Name: 1505 CAPITAL CIRCLE NW Address: 10711 SYCAMORE RIDGE LANE Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32305

Title: Title: () Change (X) Addition () Delete Name: Name: NORMAN, DONNA

Address: Address:

10719 SYCAMORE RIDGE LANE City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32305

Title: () Delete Title: () Change (X) Addition

Name: OLSON, MELISSA D Name: 10752 SYCAMORE RIDGE LANE Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32305

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: PAMELA P. LETT **PRES** 04/30/2009