## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008956

FILED Feb 14, 2007 Secretary of State

Entity Name: TALLAHASSEE RANCH CLUB PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7000 NATURAL BRIDGE ROAD TALLAHASSEE, FL 32305

Current Mailing Address: New Mailing Address:

7000 NATURAL BRIDGE ROAD TALLAHASSEE, FL 32305

FEI Number: 20-4085439 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:

MADIGAN, TERRELL C ESQ. % MADIGAN LAW FIRM, P.L. 215 EAST THARPE STREET TALLAHASSEE, FL 32303 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:

Flacture Complete of Decision 1 Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:VD () DeleteTitle:VD (X) Change () AdditionName:FORBES, CHRISName:FORBES, CHRISAddress:5500 RIVERBED ROADAddress:7000 NATURAL BRIDGE ROADCity-St-Zip:GROVELAND, FL 34736City-St-Zip:TALLAHASSEE, FL 32305

Title: PD () Delete Title: PD (X) Change () Addition Name: FORBES, JEFFRY Name: FORBES, JEFFRY

Address: 1724 DEL HAVEN DR. Address: 7000 NATURAL BRIDGE ROAD
City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: TALLAHASSEE, FL 32305

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

Name: MACALPINE, WILLIAM Name:

Address: 325 CORPORATE DRIVE, SUITE 100 Address: City-St-Zip: PORTSMOUTH, NH 03801 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM MACALPINE STD 02/14/2007