

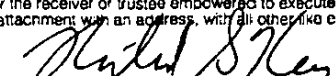


**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

66023007

<b>DOCUMENT # N05000010197</b>				05-02-2006 90181 006 ****61.25	
1. Entity Name <b>BANNERMAN ROAD PROPERTY OWNER'S ASSOCIATION, INC.</b>				66023007	
Principal Place of Business <b>1400 VILLAGE SQUARE BLVD #3-339 TALLAHASSEE, FL 32312</b>		Mailing Address <b>1400 VILLAGE SQUARE BLVD #3-339 TALLAHASSEE, FL 32312</b>			
2. Principal Place of Business		3. Mailing Address		04242006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KEARNEY, RICHARD S 1400 VILLAGE SQUARE BLVD #3-339 TALLAHASSEE, FL 32312</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT <input type="checkbox"/> Delete	TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEARNEY, RICHARD S	NAME	KEARNEY, RICHARD S		
STREET ADDRESS	1700 SUMMIT LAKE DR	STREET ADDRESS	1400 VILLAGE SQUARE BLVD #3-339		
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	TALLAHASSEE, FL 32312		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKINNER, ROBERT	NAME			
STREET ADDRESS	3399 PGA BLVD SUITE 450	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, SUSAN	NAME			
STREET ADDRESS	3520 THOMASVILLE RD	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4/28/06		850-219-5721	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	