

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000010197

1. Entity Name
**BANNERMAN ROAD PROPERTY OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**1625 SUMMIT LAKE DRIVE
229
TALLAHASSEE, FL 32317**

Mailing Address
**1625 SUMMIT LAKE DRIVE
229
TALLAHASSEE, FL 32317**

DO NOT WRITE IN THIS SPACE



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KEARNEY, RICHARD S
1700 SUMMIT LAKE DR
TALLAHASSEE, FL 32317**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KEARNEY, RICHARD S 1400 VILLAGE SQ BLVD SUITE 3-339 TALLAHASSEE, FL 32312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SKINNER, ROBERT 3399 PGA BLVD SUITE 450 PALM BEACH GARDENS, FL 33410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, SUSAN 3520 THOMASVILLE RD TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

U000000341668
05/28/08-80116-019 61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29 2008

850 219 5289

Date

Daytime Phone