

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011805 1. Entity Name THE FLOWERS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.	
--	---

FILED

08 FEB - 1 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2735 MILLER LANDING ROAD TALLAHASSEE, FL 32312	Mailing Address 2735 MILLER LANDING ROAD TALLAHASSEE, FL 32312
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02012008 Chg-NP CR2E037 (12/06)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOYNTON, BEN C 2735 MILLER LANDING ROAD TALLAHASSEE, FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

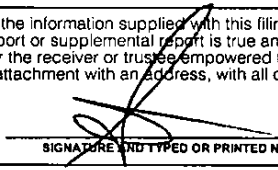
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2008	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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOYNTON, BEN C 2735 MILLER LANDING ROAD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 12px;"> 300117635283 02/08/08--01050-008 **\$61.25 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TURNER, DOUG 508-A CAPITAL CIRCLE SED TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOYNTON, ANNE R 2735 MILLER LANDING ROAD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date: 2/12/08 Daytime Phone #: 850 509 8712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR