2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011805

FILED Apr 29, 2009 Secretary of State

Entity Name: THE FLOWERS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2735 MILLER LANDING ROAD 528 E. PARK AVENUE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 2735 MILLER LANDING ROAD 528 E. PARK AVENUE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32301 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BOYNTON, BEN C ISAACS, DAN L 2735 MILLÉR LANDING ROAD 528 E. PARK AVENUE TALLAHASSEE, FL 32312 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: DAN ISAACS 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOYNTON, BEN C Name: Name: Address: 2735 MILLER LANDING ROAD Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TURNER, DOUG Name: Address: 508-A CAPITAL CIRCLE SED Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: STD () Delete Title: () Change () Addition BOYNTON, ANNE R Name: Name: 2735 MILLER LANDING ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip:

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: BEN BOYNTON PD 04/29/2009