

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/1

FILED
Sep 06, 2006 8:00 am
Secretary of State

08-18-2006 90076 039 ****61.25

DOCUMENT # N05000012637					
1. Entity Name RAKERS CROSSING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309			Mailing Address 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6052006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, SUSAN S 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by September 8, 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 NAME STREET ADDRESS CITY - ST - ZIP	D LEE, WILLIAM M P.O. BOX 3761 TALLAHASSEE, FL 32315		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, J. VERN P.O. BOX 3761 TALLAHASSEE, FL 32315		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, SUSAN S 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309		<input type="checkbox"/> Delete		
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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					