

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90049 046 ****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**

DO NOT WRITE IN THIS SPACE



02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE, FL 32309**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEE, WILLIAM M
STREET ADDRESS	P.O. BOX 3761
CITY-ST-ZIP	TALLAHASSEE, FL 32315
TITLE	D
NAME	WILLIAMS, J. VERN
STREET ADDRESS	P.O. BOX 3761
CITY-ST-ZIP	TALLAHASSEE, FL 32315
TITLE	D
NAME	THOMPSON, SUSAN S
STREET ADDRESS	3520 THOMASVILLE ROAD 4TH FLOOR
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

William M Lee
William M Lee

3-28-07
3-28-07

Date

850-222-2166
850-222-2166

Daytime Phone #