



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 039 ****61.25

DOCUMENT # N06000003702 1. Entity Name BIRD SONG HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7113 BEECH RIDGE TRL SUITE 1 TALLAHASSEE, FL 32312			Mailing Address 7113 BEECH RIDGE TRL SUITE 1 TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box # 1607 Village Sq. Blvd Suite, Apt. #, etc. Suite 8		3. Mailing Address 1607 Village Sq. Blvd. Suite, Apt. #, etc. Suite 8			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 20-4581577	
Zip 32309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDDY, MARIE 7113 BEECH RIDGE TRAIL, SUITE 1 TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable) 1607 VILLAGE SQUARE BLVD Suite 8 City TALLAHASSEE FL Zip Code 32309	
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 <u><i>Marie Eddy</i></u> DATE <u>1/16/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P DAWS, STEVE 8511 BULL HEADLEY ROAD, SUITE 200 TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENKINS, ERIC 1701 TENNESSEE AVE #100 LYNN HAVEN, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEIDENREICH, JAMES F 8511 BULL HEADLEY ROAD, SUITE 200 TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRETT, GARY 1701 TENNESSEE AVE #100 LYNN HAVEN, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u><i>Marie Eddy</i></u>				Date <u>1/16/08</u> Daytime Phone # <u>850-894-1919</u>	