2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# N06000012750

Entity Name: ANHINGA FARMS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2417 FLEISCHMANN RD., UNIT 1
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 4288
TALLAHASSEE, FL 323154288

New Mailing Address:

2417 FLEISCHMANN RD., UNIT 1
TALLAHASSEE, FL 323154288

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRBO, BEN
2030 FLEISCHMANN RD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

ZINS, GARY
2417 FLEISCHMANN RD., UNIT 1
TALLAHASSEE, FL 32308 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: G ZINS 02/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUFORD, JACK
Address: 217 JOHN KNOX RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD ( ) Delete
Name: KIRBO, BEN
Address: 2030 FLEISCHMANN RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: DOUGLAS, W. DEXTER
Address: PO BOX 1674
City-St-Zip: TALLAHASSEE, FL 32302

Title: VPD ( ) Delete
Name: ZINS, GARY
Address: 2417 FLEISCHMANN RD., UNIT 1
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD ( ) Delete
Name: THOMPSON, BRETT
Address: 1414 N. PIEDMONT WAY, SUITE 200
City-St-Zip: TALL, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: G ZINS VPD 02/07/2007
Electronic Signature of Signing Officer or Director Date