2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000012750

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

Principal Place of Business	Mailing Address
2417 FLEISCHMANN RD., UNIT 1 TALLAHASSEE, FL 32308	2417 FLEISCHMANN RD., UNIT 1 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

02132008 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

ZINS, GARY
2417 FLEISCHMANN RD., UNIT 1
TALLAHASSEE, FL 32308

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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 _____ 2/15/08
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000832445
02/27/08-80059-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUFORD, JACK
STREET ADDRESS	217 JOHN KNOX RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	PD
NAME	KIRBO, BEN
STREET ADDRESS	2030 FLEISCHMANN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	DOUGLAS, W. DEXTER
STREET ADDRESS	PO BOX 1674
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	VPD
NAME	ZINS, GARY
STREET ADDRESS	2417 FLEISCHMANN RD., UNIT 1
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	STD
NAME	THOMPSON, BRETT
STREET ADDRESS	1414 N. PIEDMONT WAY, SUITE 200
CITY-ST-ZIP	TALL, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ GARY ZINS 2/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #