

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90109 047 \*\*\*\*61.25

**DOCUMENT # N07000005383**

1. Entity Name

**CARMEL IN THE WOODS HOMEOWNERS' ASSOCIATION  
OF TALLAHASSEE, INC.**



Principal Place of Business

**1616-B METROPOLITAN CIRCLE  
TALLAHASSEE FL 32308**

Mailing Address

**1616-B METROPOLITAN CIRCLE  
TALLAHASSEE FL 32308**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAWS, SONYA K  
2618 CENTENNIAL PLACE  
TALLAHASSEE FL 32308**

**APR 17 2008**  
**BY: 16900**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BATEMAN, F. L. JR.**  
CITY-ST-ZIP **300 E PARK AVENUE  
TALLAHASSEE FL 32301**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JENKINS, ERIC**  
CITY-ST-ZIP **2411-B W 23RD STREET  
PANAMA CITY FL 32405**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BARRETT, GARY**  
CITY-ST-ZIP **2411-B W 23RD STREET  
PANAMA CITY FL 32405**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Eric A. Jenkins, Pres.* 4-17-08

850 277-0477