

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07000006205

1. Entity Name
RATTLER VIEW CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
4800 WOODLANE CIRCLE
TALLAHASSEE, FL 32303

Mailing Address
4800 WOODLANE CIRCLE
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #
3968 N. Monroe St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 180657
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip 32303 Country USA

City & State
Tallahassee FL
Zip 32318 Country USA

07312008 Chg-NP CR2E037 (12/06)

4. FEI Number
26-1105812

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, MAURICE E
4800 WOODLANE CIRCLE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name LeAnn Sbordone
Street Address (P.O. Box Number is Not Acceptable)
Homeowners Association Services
3968 N. Monroe St.
City Tallahassee FL Zip Code 32303

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 LeAnn Sbordone - LeAnn Sbordone - Manager
Signature, typed or printed name of registered agent and title if applicable.

8-4-08
DATE

Amended AR is \$61.25

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 D ☐ Delete
NAME EVANS, MAURICE
STREET ADDRESS 4800 WOODLANE CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☒ Delete
NAME BASS, EDWARD N III
STREET ADDRESS 4800 WOODLANE CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☒ Delete
NAME MARSHALL, DAVID S
STREET ADDRESS 4800 WOODLANE CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32303

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 P ☒ Change ☐ Addition
NAME
STREET ADDRESS 1759 Summer Meadow Place
CITY-ST-ZIP Tallahassee, FL 32303

TITLE S ☐ Change ☒ Addition
NAME Tiki Suarez
STREET ADDRESS P.O. Box 777
CITY-ST-ZIP Tallahassee, FL 32302

TITLE T ☐ Change ☒ Addition
NAME Martha Jenkins
STREET ADDRESS 4889 Richland Drive
CITY-ST-ZIP Gahanna, OH 43230

TITLE ☐ Change ☐ Addition
NAME 400134457504
STREET ADDRESS 08/14/08--01007--012 **\$61.25
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 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: LeAnn Sbordone - Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-08
Date

850-562-8708
Daytime Phone #

FILED

08 AUG -8 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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