FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

CR2E037 (12/95)

DOCUMENT # N11922 (4)

1. Corporation Name

BOBBIN BROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
P. O. BOX 1713
TALLAHASSEE FL 32302
US

Mailing Address
P. O. BOX 1713
TALLAHASSEE FL 32302
US

3. Date Incorporated or Qualified: **11/06/1985**

3a. Date of Last Report: **01/20/1995**

4. FEI Number: **59-2855119** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 |
Suite, Apt #, etc.
22 |
City & State
23 |
Zip
24 |
Country
25 |

2a. Mailing Address
26 |
Suite, Apt #, etc.
27 |
City & State
28 |
Zip
29 |
Country
30 |

9. Name and Address of Current Registered Agent

EATON, JAMES
116 SO. MONROE ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MCEWEN, RICHARD	
STREET ADDRESS	3752 W BOBBIN BK	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DT	☐ DELETE
NAME	EATON, JAMES	
STREET ADDRESS	3682 BOBBIN BK CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	~~DS~~	☐ DELETE
NAME	PETTIT, ALMENA	
STREET ADDRESS	3737 BOBBIN BROOK CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	HERNDON, KATHIE	
STREET ADDRESS	3701 BOBBIN BK CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	LAUER, DALE	
STREET ADDRESS	1545 ROYMON DIEHL ROAD, SUITE 250	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	DS	☐ Change ☑ Addition
1.2 NAME	ROBLYER, PEGGY	
1.3 STREET ADDRESS	3825 BOBBIN BROOK CIRCLE	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
2.1 TITLE	D	☐ Change ☑ Addition
2.2 NAME	LAUER, DALE	
2.3 STREET ADDRESS	3801 BOBBIN BROOK CIRCLE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
3.1 TITLE	DVP	☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Eaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96
Date

904/224-6789
Daytime Phone #