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FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/06/1985
4. FEI Number 59-2855119
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	MCEWEN, RICHARD
STREET ADDRESS	3752 W BOBBIN BK
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	EATON, JAMES
STREET ADDRESS	3682 BOBBIN BK CIR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	PETTIT, ALMENA
STREET ADDRESS	3737 BOBBIN BROOK CIR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HERNDON, KATHIE
STREET ADDRESS	3701 BOBBIN BK CIR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAUER, DALE
STREET ADDRESS	1545 ROYMON DIEHL ROAD, SUITE 250
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	MARION CAMPS
STREET ADDRESS	3800 BOBBIN BROOK CIR.
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN T. HERNDON
1.3 STREET ADDRESS	3701 BOBBIN BROOK CIRCLE
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KATHY BYE
2.3 STREET ADDRESS	3956 BOBBIN BROOK CIRCLE
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HAL JOHNSON
3.3 STREET ADDRESS	511 BOBBIN BROOK LANE
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRENDA HEVIA
4.3 STREET ADDRESS	988 ROSEBAY COURT
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 G. Lauer 4-10-98 850-224-6789

CR2E037 (10/97)