

DOCUMENT # N11922

1. Entity Name

BOBBIN BROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 1713
TALLAHASSEE FL 32302
USP. O. BOX 1713
TALLAHASSEE FL 32302
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2855119

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EATON, JAMES
215 S MONROE ST
SUITE 540
TALLAHASSEE FL 32301**

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.

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**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	HERNDON, JOHN T	3701 BOBBIN BROOK CIRCLE	TALLAHASSEE FL 32312	<input type="checkbox"/>
D	BYE, KATHY	3956 BOBBIN BROOK CIRCLE	TALLAHASSEE FL 32312	<input type="checkbox"/>
D	JOHNSON, HAL	511 BOBBIN BROOK LANE	TALLAHASSEE FL 32312	<input type="checkbox"/>
DT	EATON, JAMES E	3682 BOBBIN BROOK CIRCLE	TALLAHASSEE FL 32312	<input type="checkbox"/>
D	LAUER, DALE	1545 ROYMON DIEHL ROAD, SUITE 250	TALLAHASSEE FL	<input type="checkbox"/>
DS	MARION CAMPS	3800 BOBBIN BROOK CIR.	TALLAHASSEE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E Eaton

1/8/01

Date

(850) 224-6789

Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90035 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)