


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N11922</b><br>1. Entity Name<br><b>BOBBIN BROOK HOMEOWNERS' ASSOCIATION, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>P. O. BOX 1713<br/>TALLAHASSEE, FL 32302 US</b> | Mailing Address<br><b>P. O. BOX 1713<br/>TALLAHASSEE, FL 32302 US</b> |
|---|---|

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07022004 No Chg-NP CR2E037 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2855119</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

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| 6. Name and Address of Current Registered Agent<br><br><b>EATON, JAMES<br/>215 S MONROE ST<br/>STE 420<br/>TALLAHASSEE, FL 32301</b> |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> | DATE _____ |
|--|------------|

|   |  |   |
|---|--|---|
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>000000167395</b><br><b>07/20/04 080002 017 61.25</b> |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HERNDON, JOHN T<br>3701 BOBBIN BROOK CIRCLE<br>TALLAHASSEE, FL 32312 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BYE, KATHY<br>3956 BOBBIN BROOK CIRCLE<br>TALLAHASSEE, FL 32312       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOHNSON, HAL<br>511 BOBBIN BROOK LANE<br>TALLAHASSEE, FL 32312        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>EATON, JAMES E<br>3632 BOBBIN BROOK CIRCLE<br>TALLAHASSEE, FL 32312  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LAUER, DALE<br>1545 ROYMON DIEHL ROAD, SUITE 250<br>TALLAHASSEE, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MARION CAMPS<br>3800 BOBBIN BROOK CIR.<br>TALLAHASSEE, FL            |

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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.

|  |                     |                                |
|--|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  <b>James Eaton</b> | <b>7/12/04</b>      | <b>(850) 224-6789</b>          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  | <small>Date</small> | <small>Daytime Phone #</small> |