2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT# N11922

1. EntityName
BOBBIN BROOK HOMEOWNERS' ASSOCIATION, INC.

PrincipalPlaceofBusiness	MailingAddress
P. O. BOX 1713 TALLAHASSEE, FL 32302 US	P. O. BOX 1713 TALLAHASSEE, FL 32302 US

DO NOT WRITE IN THIS SPACE

01082005 NoChg-NP CR2E037 (10/03)

4. FEINumber
59-2855119
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

EATON, JAMES
215 S MONROE ST
STE 420
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

Filing Fee is $61.25
Due by May 1, 2005

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

000000179769
01/13/05-80032-010 61.25

10. OFFICERSANDDIRECTORS

TITLE	DP
NAME	HERNDON, JOHN T
STREETADDRESS	3701 BOBBIN BROOK CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	BYE, KATHY
STREETADDRESS	3956 BOBBIN BROOK CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	JOHNSON, HAL
STREETADDRESS	511 BOBBIN BROOK LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DT
NAME	EATON, JAMES E
STREETADDRESS	3682 BOBBIN BROOK CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	LAUER, DALE
STREETADDRESS	1545 ROYMON DIEHL ROAD, SUITE 250
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	DS
NAME	MARION CAMPS
STREETADDRESS	3800 BOBBIN BROOK CIR.
CITY-ST-ZIP	TALLAHASSEE, FL

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12. Ihereby certifythattheInformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiver,trusteeempoweredtoexecutethisreportasrequiredbyChapter617,FloridaStatutes an dthatmynameappearsInBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered

SIGNATURE: James E Eaton 1/11/05
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#