

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # N11922

1. Entity 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



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/4/08 850 224 6789
Date Daytime Phone #