2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N11922

Entity Name: BOBBIN BROOK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 1713
TALLAHASSEE, FL 32302 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1713
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-2855119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

EATON, JAMES
119 S MONROE ST
STE 202
TALLAHASSEE, FL 32301 US

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: _____ 01/05/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HERNDON, JOHN T	
Address:	3701 BOBBIN BROOK CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	BYE, KATHY	
Address:	3956 BOBBIN BROOK CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	JOHNSON, HAL	
Address:	511 BOBBIN BROOK LANE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	DT	( ) Delete
Name:	EATON, JAMES E	
Address:	3682 BOBBIN BROOK CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	LAUER, DALE	
Address:	1545 ROYMON DIEHL ROAD, SUITE 250	
City-St-Zip:	TALLAHASSEE, FL	
Title:	DS	( ) Delete
Name:	MARION CAMPS,	
Address:	3800 BOBBIN BROOK CIR.	
City-St-Zip:	TALLAHASSEE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. EATON DT 01/05/2009
Electronic Signature of Signing Officer or Director — Date