

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90199 028 ****61.25

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

90010773



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2855119**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
STE 420
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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/22/03

(850)224-6789

CR2E037 (10/02)