

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18850

FILED  
Apr 07, 2006  
Secretary of State

**Entity Name:** BOB'S LANDING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

903 OHLINGER ROAD  
BOB'S LANDING MOBILE HOME PARK  
BABSON PARK, FL 33827 US

**New Principal Place of Business:**

**Current Mailing Address:**

903 OHLINGER RD.  
#57 BOB'S LANDING  
BABSON PARK, FL 33827 US

**New Mailing Address:**

**FEI Number:** 59-2785320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REX, TOM  
903 OHLINGER ROAD  
LOT 45  
BABSON PARK, FL 33827 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALKER, GERALD  
Address: 903 OHLINGER ROAD, LOT 57  
City-St-Zip: BABSON PARK, FL 33827

Title: VD ( ) Delete  
Name: OLMSTEAD, DONNA  
Address: 903 OHLINGER ROAD, LOT 48  
City-St-Zip: BABSON PARK, FL 33827

Title: SD ( ) Delete  
Name: POULIN, MARIE  
Address: 903 OHLINGER ROAD, LOT 39  
City-St-Zip: BABSON PARK, FL 33827

Title: TD ( ) Delete  
Name: WALKER, JO ANNE  
Address: 903 OHLINGER ROAD, LOT 57  
City-St-Zip: BABSON PARK, FL 33827

Title: D ( ) Delete  
Name: COOK, BESS  
Address: 903 OHLINGER RD., LOT 28  
City-St-Zip: BABSON PARK, FL 33827

Title: D ( ) Delete  
Name: WHITMORE, JOHN  
Address: 903 OHLINGER ROAD, LOT 52  
City-St-Zip: BABSON PARK, FL 33827

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: MANNIA, CHERYL J  
Address: 903 OHLINGER ROAD, LOT 30  
City-St-Zip: BABSON PARK, FL 33827

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 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: JO ANNE WALKER

TD

04/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date