

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18850

FILED
Jan 16, 2009
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:

771 OHLINGER ROAD
BABSON PARK, FL 33827

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:

GRIMM, BOB
903 OHLINGER ROAD
LOT 17
BABSON PARK, FL 33827 US

Name and Address of New Registered Agent:

LANE, BRYNN C
771 OHLINGER ROAD
BABSON PARK, FL 33827 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: BRYNN C. LANE

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: GRIMM, BOB
Address: 903 OHLINGER ROAD, LOT 17
City-St-Zip: BABSON PARK, FL 33827

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

Title: TD () Delete
Name: LANE, BRYNN
Address: 771 OHLINGER ROAD
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: HAWKINS, LARRY
Address: 903 OHLINGER RD., LOT # 46
City-St-Zip: BABSON PARK, FL 33827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: WELLS, LEWIS
Address: 903 OHLINGER ROAD, LOT 56
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 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: BRYNN C. LANE

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date