
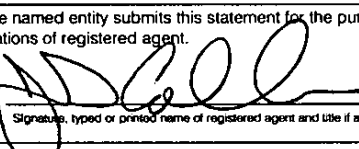
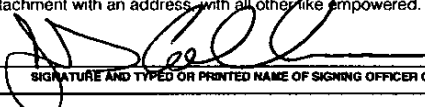


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90049 026 ****61.25

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # N22276 1. Entity Name OX BOTTOM HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 8100 EVENING STAR LANE TALLAHASSEE, FL 32312 US | | | Mailing Address 8100 EVENING STAR LANE TALLAHASSEE, FL 32312 US | | |
| 2. Principal Place of Business 1808 MORNING STAR LANE Suite, Apt. #, etc. | | 3. Mailing Address 1808 MORNING STAR LANE Suite, Apt. #, etc. | | | |
| City & State TALLAHASSEE, FL Zip 32312 Country US | | City & State TALLAHASSEE, FL Zip 32312 Country US | | 4. FEI Number 59-2889559 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HARPER, E H 8100 EVENING STAR LANE TALLAHASSEE, FL 32312 | | | 7. Name and Address of New Registered Agent Name COLLINS, J.D. Street Address (P.O. Box Number is Not Acceptable) 1808 MORNING STAR LANE City TALLAHASSEE FL Zip Code 32312 | | |
| 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> OX BOTTOM HOA TREASURER </div> <div style="width: 25%; text-align: right;"> 20 JAN 05 <small>DATE</small> </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DT HARPER, E H 8100 EVENING STAR LANE TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT COLLINS, J.D. 1808 MORNING STAR LANE TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MOWREY, RONALD 8024 EVENING STAR LANE TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HUNT, SCOTT 8031 EVENING STAR LANE TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HUNT, SCOTT 8031 EVENING STAR LANE TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV WOLLERMANN, ALBERT 1732 EVENING BREEZE TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ROBERTS, KATHY 8039 EVENING STAR LANE TALLAHASSEE, FL 32312 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 all other like empowered. | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | TREASURER 20 JAN 05 907-0330 <small>Date Daytime Phone #</small> | | |

50005576



01202005 Chg-NP CR2E037 (10/03)