## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 07, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N22598 L PROPERTY OWNERS'	ASSOCIATION, INC				01-07-200	8 90043 030	, (	51.23	
Principal Place of Business 1625 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 US		Mailing Address 1625 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 US				40000446				
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042008 Cr	ng-NP	CR2E037 (1	2/06)		
City & State	9	City & State			4. FEI Number 59-296070	6	· · ·	<del></del>	plied For	
Zip	Country	Zip	Cou	ntry	5. Certificate of St	atus Desired		75 Add Required		
	6. Name and Address of Curren	t Registered Agent	j		7. Name and Add	ress of New F	Registered Agen	ıt		
LEMON, R 312 BUTE							nards	<del>-</del> -		
	SSEE, FL 32312			160	ss (P.O. Box Number is 1	Poli	tan C	.(YC	cle_	
				City Ta	llahass	ee	FL	Zin Coge	<u>"308</u>	
the obligat	named entity submits this statement from the distributions of tegrislered agent.	for the purpose of changing it	s registere	ed office or reg	istered agent, or both, in	the State of Fl	orida. Tam famil	iar with,	and accept	
SIGNATURE .	Ignature, typed or printed name of registered ager	nt and title if applicable (NO	TE: Registered	d Agent signature rec	quired when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	ampaign F	inancing	\$5.00 May Be Added to Fees		DATE  Take check partida Department	• .		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	ampaign F Contributi	inancing	\$5.00 May Be Added to Fees	Floi	rida Departme	nt of St	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D  T RICHARDSON, SHARON C 1625 METROPOLITAN CIRCLE	9. Election Ca Trust Fund	ampaign F Contributi 11. TITLE NAME	inancing ion.   E	\$5.00 May Be	Floi	rida Departme	nt of St	tate	
10. Title NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D  T RICHARDSON, SHARON C	9. Election Ca Trust Fund	ampaign F Contributi  11.  TITLE NAME STREE NAME STREE NAME STREE	inancing ion.   E E E E E E T ADDRESS -SI-ZIP	\$5.00 May Be Added to Fees	Floi	rida Departme	nt of St	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR