

DOCUMENT # N26834

1. Entity Name

BROADTREE HOMEOWNERS' ASSOCIATION, INC.**FILED**
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90042 008 ****61.25

Principal Place of Business

Mailing Address

6492 BROADTREE COURT
TALLAHASSEE FL 32311
USC/O CHRISTOPHER D. WHITE
6492 BROADTREE COURT
TALLAHASSEE FL 32311-8478
US

2. Principal Place of Business

3. Mailing Address

6477 BROADTREE CT.
Suite, Apt. #, etc.6477 BROADTREE CT.
Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32311

Country

USA

Zip

32311

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

THOMPSON, SUSAN S.
3520 THOMASVILLE ROAD
TALLAHASSEE FL 32308

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FELDMAN, RICK
STREET ADDRESS 6477 BROADTREE CT
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME BLANTON, ROBERT
STREET ADDRESS 6484 BROADTREE
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☐ Delete
NAME RHONEN, LISA
STREET ADDRESS 6478 BROADTREE CT
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE ☒ Change ☐ Addition
NAME LISA RODIN
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☐ Delete
NAME JOHNSON, BRENDA
STREET ADDRESS 6485 BROADTREE CT
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00 888-891-8888