


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90045 023 \*\*\*\*61.25

<b>DOCUMENT # N29115</b> 1. Entity Name <b>OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 US</b>			Mailing Address <b>P.O. BOX 15456 TALLAHASSEE, FL 32317 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2948258</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>EDDY, MARIE M 1580-2 BANNERMAN RD TALLAHASSEE, FL 32312</b>				7. Name and Address of New Registered Agent Name <b>EDDY, MARIE M</b> Street Address (P.O. Box Number is Not Acceptable) <b>7113 Beech Ridge Trail, Ste 1</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32312</b>	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SPOOK, STEVE</b> <b>546 MEADOW RIDGE</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ELSBERRY, SHARON</b> <b>5952 N BOTTOM MANOR DR</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HICKS, ROBERT</b> <b>6364 BELGRAND DRIVE</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOCHMUTH, MARILYN</b> <b>6340 PICKNEY HILL</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCLEAN, FRANK</b> <b>493 MEADOW RIDGE DR</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Marilyn Hochmuth</i>			Date <b>4/2/06</b> Daytime Phone # <b>894-1919</b>		