2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N29115 03-30-2007 90131 035 ****61.25 1. Entity Name OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC. 40040330 Principal Place of Business Mailing Address P.O. BOX 15456 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32317 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 59-2948258 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDDY, MARIE M Street Address (P.O. Box Number is Not Acceptable) 7113 BCH RIDGE TRL STE 1 TALLAHASSEE, FL 32312 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 4 D ☐ Delete TITLE ☐ Channe (7) Addition TITLE Seapuist, BRYAN 175 CotilliON CIR SPOOK, STEVE NAME NAME STREET ADDRESS **546 MEADOW RIDGE** STREET AODRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP 323/2 TALLA HASSIE **7**5 Change ☐ Detete TITLE Addition TITLE ELSBERRY, SHARON NAME NAME STREET ADDRESS 5952 N BOTTOM MANOR DR STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE HICKS, ROBERT NAME NAME 6364 BELGRAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP Detete Change ☐ Addition TITLE TITLE HOCHMUTH, MARILYN NAME NAME STREET ADDRESS 6340 PICKNEY HILL STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MCCLEAN, FRANK NAME NAME STREET ADDRESS 493 MEADOW RIDGE DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 reserver of 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

G OFFICER OR DIRECTOR

FILED Mar 30, 2007 8:00 am