

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29547

FILED
Apr 20, 2009
Secretary of State

Entity Name: MCBRIDE ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PMB #128
6753 THOMASVILLE RD, SUITE 108
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

PMB #128
6753 THOMASVILLE RD, SUITE 108
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-2934586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUSERMAN, JOHN D
7882 REYNOLDS CT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KANE, MARY H
Address: 2418 MILLCREEK CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT () Delete
Name: BAUSERMAN, JOHN D
Address: 7882 REYNOLDS CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: CRAMER, SCOTT R
Address: 2306 ALISTAIR LN
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS () Delete
Name: DUPREE, DEBBIE
Address: 7890 REYNOLDS CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MEYERS, FRANK R
Address: 2314 DILLON CT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: BARRENTINE, JASON
Address: 7910 REYNOLDS DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D BAUSERMAN

DT

04/20/2009

Electronic Signature of Signing Officer or Director

Date