

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29547

FILED  
May 02, 2010  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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  
Name: KANE, MARY H  
Address: 2418 MILLCREEK CT  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

Title: DS  
Name: BARRENTINE, JASON  
Address: 7910 REYNOLDS DR  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: JOHN D BAUSERMAN

DT

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date