

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90236 032 ****61.25

DOCUMENT # N30503

1. Entity Name
OX BOTTOM UNIT 2 HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business
7085 OX BOW RD
TALLAHASSEE, FL 32312

Mailing Address
7085 OX BOW RD
TALLAHASSEE, FL 32312 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2978167

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WESTER, GERALD C
7085 OX BOW RD
TALLAHASSEE, FL 32312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MISIL, DOUG	
STREET ADDRESS	7084 OX BOW RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PADGETT, ROBIN	
STREET ADDRESS	7322 OX BOW CIR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	WESTER, GERALD	
STREET ADDRESS	7085 OX BOW RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNBAR, MARC	
STREET ADDRESS	2924 PARRISH DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Padgett, Robin	
STREET ADDRESS	7322 OX BOW Circle	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tate, Kerry	
STREET ADDRESS	7072 OX Bow Rd	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dunbar, Chollet	
STREET ADDRESS	7335 OX Bow Circle	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Gerald C. Wester**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2004 850-222-9075

Date

Daytime Phone #