

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

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



02142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2978167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000832454
02/27/08-80059-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PADGETT, ROBIN
STREET ADDRESS	7322 OX BOW CIR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	PD
NAME	JOHNSON, JOHN
STREET ADDRESS	1402 WHITE STAR LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	TD
NAME	WESTER, GERALD
STREET ADDRESS	7085 OX BOX RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	RILEY, MIKE
STREET ADDRESS	7345 OX BOW CIR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	MARCUS, NANCY
STREET ADDRESS	7071 OX BOW RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	S
NAME	CREW, ALICIA
STREET ADDRESS	1208 EQUESTRIAN WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32312

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald C. Wester 2/14/08 850-222-9075

Date

Daytime Phone #