2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N30503

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

Current Principal Place of Business:

7085 OX BOW RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

7085 OX BOW RD
TALLAHASSEE, FL 32312 US

New Mailing Address:

7085 OX BOW RD
TALLAHASSEE, FL 32312

FEI Number: 59-2978167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTER, GERALD C
7085 OX BOW RD
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: VD ( ) Delete
Name: PADGETT, ROBIN
Address: 7322 OX BOW CIR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD ( ) Delete
Name: JOHNSON, JOHN
Address: 1402 WHITE STAR LANE
City-St-Zip: TALLAHASSSEE, FL 32312

Title: TD ( ) Delete
Name: WESTER, GERALD
Address: 7085 OX BOX RD
City-St-Zip: TALLAHASSSEE, FL 32312

Title: D ( ) Delete
Name: RILEY, MIKE
Address: 7345 OX BOW CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: MARCUS, NANCY
Address: 7071 OX BOW RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: CREW, ALICIA
Address: 1208 EQUESTRIAN WAY
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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: GERALD C. WESTER TREA 03/18/2009
Electronic Signature of Signing Officer or Director — Date