

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90077 030 ****61.25

DOCUMENT # N31538

1. Entity Name

RABBIT HILL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**2814 RABBIT HILL ROAD
TALLAHASSEE FL 32308
US**

Mailing Address

**2814 RABBIT HILL ROAD
TALLAHASSEE FL 32308
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2891376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEST, JOAN W
2808 RABBIT HILL ROAD
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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

**FILE NOW: 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
NAME **WEST, JOAN** *Joan W.* ☐ Delete
STREET ADDRESS **2808 RABBIT HILL RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE
NAME **BRAINERD, FLORENCE M** ☐ Delete
STREET ADDRESS **2814 RABBIT HILL RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE
NAME **BURKETTE, JOHN** ☒ Delete
STREET ADDRESS **2802 RABBIT HILL RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE
NAME **ZIMMERMAN, RALPH** ☐ Delete
STREET ADDRESS **2807 RABBIT HILL RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE
NAME **BIGHAM, SID** ☐ Delete
STREET ADDRESS **2806 RABBIT HILL RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Pres**
NAME **West, Joan Wadsworth** ☒ Change ☐ Addition
STREET ADDRESS **2808 Rabbit Hill Rd**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Bill Owen** ☐ Change ☒ Addition
STREET ADDRESS **2803 Rabbit Hill Rd.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☒ Addition
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: *Florence M Brainerd ST*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

(850)

385-5944
Daytime Phone #