


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90130 043 ****61.25

| | |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N31538 |  |
| 1. Entity Name | |
| RABBIT HILL HOMEOWNERS' ASSOCIATION, INC. | |

| | |
|-----------------------------------------------------|-----------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 2814 RABBIT HILL ROAD TALLAHASSEE FL 32308 US | 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 |



1st MOORE CR2E037 (10/04)

| | | |
|-----------------------------------------------------------|--|--------------------------------|
| 4. FEI Number | | Applied For |
| 59-2891376 | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WEST, JOAN W 2808 RABBIT HILL ROAD TALLAHASSEE FL 32308 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | P | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEST, JOAN W | NAME | |
| STREET ADDRESS | 2808 RABBIT HILL RD | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | CITY-ST-ZIP | |
| TITLE | ST | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAINERD, FLORENCE M | NAME | |
| STREET ADDRESS | 2814 RABBIT HILL RD. | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | CITY-ST-ZIP | |
| TITLE | D | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OWEN, BILL | NAME | |
| STREET ADDRESS | 2802 RABBIT HILL RD | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | CITY-ST-ZIP | |
| TITLE | D | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZIMMERMAN, RALPH | NAME | |
| STREET ADDRESS | 2807 RABBIT HILL RD | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | CITY-ST-ZIP | |
| TITLE | D | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIGHAM, SID | NAME | |
| STREET ADDRESS | 2806 RABBIT HILL RD. | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 Sec./Treasure. 850/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/1/05 385-5944
Date Daytime Phone #