2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2006 8:00 am Secretary of State DOCUMENT # N31538 05-03-2006 90205 027 ****70.00 1. Entity Name RABBIT HILL HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 2814 RABBIT HILL ROAD TALLAHASSEE FL 32308 2814 RABBIT HILL ROAD TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2891376 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent imme WEST, JOAN)W 2808 RABBIT HILL ROAD TALLAHASSEE FL 32308 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. the obligations of registered agent. I 2/MMERMAN SIGNATURE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Due By May 1, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Ralph Zimmerman 2807 Rabbit Hill Road TITLE 🔀 Delete TITLE PRE Change WEST, JOAN W NAME NAME 2808 RABBUT HILL RD STREET ADDRESS STREET ADDRESS Tallahassee, FL 32308 TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE ☐ Change BRAINERD, FLORENCE M NAME NAME 2814 RABBIT HILL RD. STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP DiRector Delete TITLE Change ☐ Addition 5 id Bigham 2806 Robbit Hill Road صلياOWEN, BI NAME 2802 RABBIT HILL RD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP FALLAHASSEE FL 32308 CITY-ST-ZIP Tallahassee FL 32308 Change TITLE Delete TITLE ☐ Addition ZIMMERMAN, RALPH NAME NAME STREET ADDRESS 2807 BASBIT HILL RD STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED