
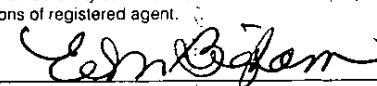
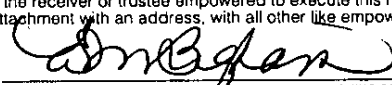


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90026 026 \*\*\*\*61.25

<b>DOCUMENT # N31538</b> 1. Entity Name <b>RABBIT HILL HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2814 RABBIT HILL ROAD</b> <b>TALLAHASSEE, FL-32308 US -</b>				Mailing Address <b>2814 RABBIT HILL ROAD</b> <b>TALLAHASSEE, FL 32308 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2806 Rabbit Hill Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Tallahassee FL</b>			
Zip	Country	Zip <b>32308</b>	Country <b>US</b>	4. FEI Number <b>59-2891376</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZIMMERMAN, RALPH PRES</b> <b>2807 RABBITHILL ROAD</b> <b>TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name <b>Ralph Zimmerman</b> Street Address (P.O. Box Number is Not Acceptable) <b>2806 Rabbit Hill Rd</b> <b>TALLAHASSEE FL 32308</b> City <b>FL</b> 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  DATE <b>4/15/08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ZIMMERMAN, RALPH</b> <b>2807 RABBITHILL ROAD</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>BRAINERD, FLORENCE M</b> <b>2814 RABBIT HILL RD.</b> <b>TALLAHASSEE, FL 32308</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BIGHAM, SID</b> <b>2806 RABBIT HILL ROAD</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MANLEY, WALTER</b> <b>2804 RABBIT HILL ROAD</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>Libby BIGHAM</b> <b>2806 RABBIT HILL RD</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE <b>4/15/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					