

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37524

1. Entity Name
OX BOTTOM ROAD AREA NEIGHBORHOOD
ASSOCIATION, INC.



Principal Place of Business
2485 OX BOTTOM RD.
C/O CANDY BARRIOS
TALLAHASSEE, FL 32312

Mailing Address
2485 OX BOTTOM RD.
C/O CANDY BARRIOS
TALLAHASSEE, FL 32312

FILED

04 JUL 29 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07292004 No Chg-NP CR2E037 (10/03) 04

4. FEI Number
59-3000193

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARRIOS, CANDY
2485 OX BOTTOM ROAD
TALLAHASSEE, FL 32312-3556

DO NOT WRITE
IN THIS SPACE

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	CASSEDY, MARSHALL
STREET ADDRESS	7098 CHIMNEY SWIFT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VCD
NAME	BARRIOS, CANDY
STREET ADDRESS	2485 OX BOTTOM RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	TD
NAME	KOEPEL, MARY ANN
STREET ADDRESS	7047 DARDWOOD LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400040252074
08/17/04--01061--011 **\$61.25

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/04 850893-2/85
Date Daytime Phone #