

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90086 030 ****61.25

DOCUMENT # N39253	
1. Entity Name NUTMEG COURT HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2985 NUTMEG CT TALLAHASSEE FL 32308	Mailing Address 2985 NUTMEG CT TALLAHASSEE FL 32308
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2. Principal Place of Business - No P.O. Box # 2985 NUTMEG CT	3. Mailing Address 2985 NUTMEG CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
Zip 32308	Country USA.

4. FEI Number 59-2992062	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRANGE, BENNIE G 2985 NUTMEG COURT TALLAHASSEE FL 32308	
7. Name and Address of New Registered Agent Name JANE E. DAVIS Street Address (P.O. Box Number is Not Acceptable) 2985 NUTMEG CT. City TALLAHASSEE FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jane E. Davis* **JANE E. DAVIS** **03/01/07**
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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SCHADEN, RICK 2983 NUTMEG CT TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GAINES, LISA 2986 NUTMEG CT. TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD DAVIS, JANE E 2985 NUTMEG CT TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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: *Jane E. Davis* **JANE E. DAVIS** **03/01/07** **850-942-1749**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #