

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 09, 2008  
Secretary of State**

DOCUMENT# N96000005183

Entity Name: SCAWTHORN DRIVE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

4551 SCAWTHORN DRIVE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

4551 SCAWTHORN DRIVE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 59-3443062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DUNMYER, BRIAN  
4551 SCAWTHORN DRIVE  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DUNMYER, BRIAN P  
Address: 4551 SCAWTHORN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD      ( ) Delete  
Name: LEWIS, CECIL  
Address: 4973 SCAWTHORN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD      ( ) Delete  
Name: OVERTON, ROBERT  
Address: 4973 QUAIL MEADOWS DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD      ( ) Delete  
Name: WINN, LINDA  
Address: 4587 SCAWTHORN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN DUNMYER

PD

07/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date