

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004848

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** BAINBRIDGE PLACE APARTMENTS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**FEI Number:** 59-3231438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ISAACS, DAN L  
431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 US

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

ISAACS, DAN L  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32312 US

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:

04/28/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIS, ROBERT  
Address: 8416 LITTLE SCENIC LANE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: WOLLSCHLAGER, LYNN  
Address: 2424 WREN HOLLOW DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD ( ) Delete  
Name: DAVIS, DEBRA  
Address: 8416 LITTLE SCENIC LANE  
City-St-Zip: TALLAHASSEE, FL 32308

**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:

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: BOB DAVIS

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date