

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002004
 1. Entity Name
MITCHAM DRIVE OWNERS' ASSOCIATION, INC.



Principal Place of Business
**2627 MITCHAM DRIVE
 TALLAHASSEE, FL 32308**

Mailing Address
**2627 MITCHAM DRIVE
 TALLAHASSEE, FL 32308**



03032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3577754 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MOORE, CHARLETTE
 2627 MITCHAM DRIVE
 TALLAHASSEE, FL 32308**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000255115
 03/07/05-80100-017 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MOORE, CHARLETTE 2627 MITCHAM DRIVE TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD LOVE, J.C. 2627 MITCHAM DRIVE TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD PALMER, RILEY 1677 MAHAN CENTER BLVD TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: Charlette Moore CPA Date: 3/04/05 (850) 877-3149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #