

**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)

**DO NOT WRITE IN THIS SPACE**

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

**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 \$81.25  
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

TITLE PD  
NAME MOORE, CHARLETTE  
STREET ADDRESS 2627 MITCHAM DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE STD  
NAME LOVE, J.C.  
STREET ADDRESS 2627 MITCHAM DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VD  
NAME PALMER, RILEY  
STREET ADDRESS 1677 MAHAN CENTER BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

*Charlotte Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CPA*

*3/04/05*

Date

*(850) 877-3149*

Daytime Phone #