

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

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90026 021 ****61.25

DOCUMENT # N98000004120

1. Entity Name
**BANNERMAN ROAD COMMERCIAL OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**1435 E. PIEDMONT DRIVE
TALLAHASSEE, FL 32308**

Mailing Address
**1435 E. PIEDMONT DRIVE
TALLAHASSEE, FL 32308**

40071330



04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3676852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIOTT, LARRY G
1435 E. PIEDMONT 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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELLIOTT, LARRY G
STREET ADDRESS	1435 E. PIEDMONT DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	HICKS, RON
STREET ADDRESS	1435 E. PIEDMONT DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	HARVEY, MICKEY
STREET ADDRESS	1435 E. PIEDMONT DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	S
NAME	FOX, MICHELLE
STREET ADDRESS	1435 E. PIEDMONT DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32308
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-08 668-2008