

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011805

**Entity Name:** THE FLOWERS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC2005282849**

**Current Principal Place of Business:**

2751 WHITMORE CT.  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2751 WHITMORE CT.  
TALLAHASSEE, FL 32312

**FEI Number: 26-0182048**

**Certificate of Status Desired: No**

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

STOKES, JEFFERY S  
2751 WHITMORE CT.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BOYNTON, BEN C  
Address 2735 MILLER LANDING ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title DVP  
Name THOMPSON, LEX  
Address 6863 PROCTOR RD  
City-State-Zip: TALLAHASSEE FL 32309

Title STD  
Name BOYNTON, ANNE R  
Address 2735 MILLER LANDING ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title MA  
Name STOKES, JEFFERY  
Address 2751 WHITMORE CT.  
City-State-Zip: TALLAHASSEE FL 32312

*I hereby 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 all other like empowered.*

**SIGNATURE: JEFFERY S STOKES**

**MANAGING AGENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date