

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005246 (3)**

1. Corporation Name
PINECREST HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.



Principal Place of Business Mailing Address
~~2517 MAR CT~~ **2529 MAR Court** 1801 BITTER ROOT TRAIL
TALLAHASSEE FL 32301 TALLAHASSEE FL 32312

3. Date Incorporated or Qualified **10/21/1994** 3a. Date of Last Report **07/27/1995**

2. Principal Place of Business 2a. Mailing Address
21 **2529 MAR COURT** 26 **1801 BITTER ROOT TR**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

22 City & State 27 City & State
TALLA. FL **TALLA. FL**

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

23 Zip 25 Country 28 Zip 30 Country
32301 **32312**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RALEY, JOAN H
1801 BITTER ROOT TRAIL
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1801 BITTER ROOT TRAIL
83
84 City **TALLA** FL 85 Zip Code **32312**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joan H. Raley DATE **5/1/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOAN H. RALEY	
STREET ADDRESS	1801 BITTER ROOT TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CINDY SKELTON	
STREET ADDRESS	3405 MONITOR LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CANDICE CURENTON	
STREET ADDRESS	2517 MAR CT	
CITY-ST-ZIP	TALLA FL 32301	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBT COGGINS	
STREET ADDRESS	2920 BRANDELLERE	
CITY-ST-ZIP	TALLA. FL 32312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD CANDICE CURENTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2517 MAR CT.
2.3 STREET ADDRESS	TALLA, FL 32301
2.4 CITY-ST-ZIP	
3.1 TITLE	SD LINDA JOHNSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2529 MAR CT.
3.3 STREET ADDRESS	TALLA, FL 32301
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan H. Raley DATE **5/1/96** (904) 599-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)