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Jul 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005246 (3)**  
1. Corporation Name  
**PINECREST HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.**

Principal Place of Business <b>2529 MAR COURT TALLAHASSEE FL 32301 US</b>	Mailing Address <b>1801 BITTER ROOT TRAIL TALLAHASSEE FL 32312-3766 US</b>
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2. Principal Place of Business 21 <b>2529 Mar Court</b> Suite, Apt. #, etc. 22 City & State 23 <b>TALLA.</b> Zip 24 <b>FL.</b>	2a. Mailing Address 26 <b>1801 Bitter Root Tr.</b> Suite, Apt. #, etc. 27 City & State 28 <b>TALLA. FL</b> Zip 29 <b>32312</b> Country 30 <b>LEON</b>
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9. Name and Address of Current Registered Agent <b>RALEY, JOAN H 1801 BITTER ROOT TRAIL TALLAHASSEE FL 32312</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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* (NOTE: Registered Agent signature required when reinstating) DATE 7/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JOAN H. RALEY 1801 BITTER ROOT TRAIL TALLAHASSEE FL 32312</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DANDICE CURENTON 2517 MAR CT TALLAHASSEE FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VPD Shirley Godie 2511 MAR CT. TALLA. FL 32301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LINDA JOHNSON 2529 MAR CT THL FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>32301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ROBT COGGINS 2920 BRANDELLERE TALLA. FL 32312</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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.

CR2E037 (9/96)