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Jul 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N94000005246 (3)**

1. Corporation Name

PINECREST HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

**2529 MAR COURT
TALLAHASSEE FL 32301
US**

**1801 BITTER ROOT TRAIL
TALLAHASSEE FL 32312
US**



3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2529 Mar Court

26 1801 Bitter Root Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TALLA, FL

28 TALLA, FL

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RALEY, JOAN H
1801 BITTER ROOT TRAIL
TALLAHASSEE FL 32312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **JOAN H. RALEY**
STREET ADDRESS **1801 BITTER ROOT TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VPD** ☐ DELETE

NAME **GODIE, SHIRLEY**
STREET ADDRESS **2511 MAR CT**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE ☐ Change ☒ Addition

TITLE **SD** ☐ DELETE

NAME **LINDA JOHNSON**
STREET ADDRESS **2529 MAR CT**
CITY-ST-ZIP **THL FL**

3.1 TITLE ☐ Change ☒ Addition

TITLE **TD** ☐ DELETE

NAME **ROBT COGGINS**
STREET ADDRESS **2920 BRANDELLERE**
CITY-ST-ZIP **TALLA, FL 32312**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. 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 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

6/24/98 (850) 599-1950

CR2E037 (10/97)