## **FILE NOW: FILING FEE IS \$61,25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

766968

(2)

Mailing Address

## TOMAHAWK TERRACE CONDOMINIUMS, INC.

305, 307, 309, 311 HAYDEN ROAD TALLAHASSEE FL 32304		% HAVEN MANAGEMENT OF TALLAHASSEE, INC. P. O. BOX 2396 TALLAHASSEE FL 32316-2396 US		Date Incorporated or Qualified	3a. Date of Last Report
				02/14/1983	05/23/1996
	ace of Business	2a. Mailing Address		4. FEI Number 59-2355278	Applied For
Suite, Apt	# etc	Suite. Apt. #. etc.		39 2000210	Not Applicable  \$8.75 Additional
22	#, C.S.	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ ——	Country	Zip	Country	8. This corporation has liability for i	
24	25 25 9. Name and Address of Current	29 Registered Agent	30	Florida Statutes  10. Name and Address of New Re	Yes No
	g. Italie and Address of Content	Mahatalan whalit	81 Name	(U. Italia and Address V. Italia	Neteran villety
CAPPS, E	DETTY				
	PITAL CIRCLE NW		82 Street Add	lress (P.O. Box Number is Not Acceptab	ile)
SUITE B	TIAL DIROLL NV		83		
TALLALIACCEE EL 90909					85 Zip Code
***************************************			84 City		FL 85 Zip Code
office or re	egistered agent, or both, in the State (	of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
- <b>,</b>	m familiar with, and accept the obliga	tions of, Section 617.0503, Flo	rida Statutes.		
SIGNATURE _	Signature typed or printed name of registered agen	t and little if applicable (NOT)	Registered Agent signature requi		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P/D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MCARTHUR, GERALD		1.2 NAME		
STREET ADDRESS	307-B HAYDEN RD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32304	T pourze	1.4 CITY+ST-ZIP		
TITLE	V/D	☐ DELETE	2.1 TITLE		Change Addition
NAME	STONER, ROBERT		2.2 NAME		
STREET ADDRESS	12907 RAIN FOREST ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TALLAHASSEE FL 33617 SD	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	MCMANUS, ROBERTA J	L Dittell	3.2 NAME		
STREET ADDRESS	1907 GLORIA DRIVE		3.3 STREET ADDRESS		i
	TALLAHASSEE FL 32303		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	M/D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME .	CAPPS, BETTY		4. 2 NAME		
STREET ADDRESS	1471 CAPITAL CIRCLE NW, SL	IITE B	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		·	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	din Coston 110 07/07/0 Florida Cana	a. I further codify that the
information I am an o	on indicated on this annual report or si	applemental annual report is to the receiver or trustee empow	rue and accurate and that ered to execute this repo	id in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 617, Florida S	al effect as if made under oath; that

SIGNATURE:

Batty Con I FOURTE

1/16/97 (804) 574-2836

**FILED** 

Feb 06 1997 8:00am

Secretary of State