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FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90168 016 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766968

1. Corporation Name

TOMAHAWK TERRACE CONDOMINIUMS, INC.

4 8 3 1 5 3  
483153 - 90168 - 16

Principal Place of Business  
305. 307. 309. 311 HAYDEN ROAD  
TALLAHASSEE FL 32304

Mailing Address  
% ACEY STINSON  
5505 BLACK BASS PASS  
TALLAHASSEE FL 32303  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/14/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2355278

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACEY STINSON  
5505 BLACK BASS PASS  
TALLAHASSEE FL 32303

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 P/D  DELETE  
NAME MCARTHUR, GERALD  
STREET ADDRESS 307-B HAYDEN RD.  
CITY-ST-ZIP TALLAHASSEE FL 32304

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V/D  DELETE  
NAME STONER, ROBERT  
STREET ADDRESS 12907 RAIN FOREST ST.  
CITY-ST-ZIP TALLAHASSEE FL 33617

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME MCMANUS, ROBERTA J  
STREET ADDRESS 1907 GLORIA DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE M/D  DELETE  
NAME ACEY STINSON  
STREET ADDRESS 5505 BLACK BASS PASS  
CITY-ST-ZIP TALLAHASSEE FL 32303

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99  
Date

850-562-0206  
Daytime Phone #

CR2E037 (11/98)