

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004953

Entity Name: PINE MEADOWS OF TALLAHASSEE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**644 NE CAPITAL CIRCLE
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 13089
TALLAHASSEE, FL 32317**FEI Number:** 59-3259559**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKEE, KAYLA
644 NE CAPITAL CIRCLE
TALLAHASSEE, FL 32317 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KAYLA MCKEE

04/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	MACDILL, PAM
Address	644 NE CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	SLIGER, ELLEN
Address	644 NE CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	HAYES, JEREMY
Address	644 NE CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	MANAGER/AGENT
Name	MCKEE, KAYLA
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	ZINKER, CODY
Address	644 NE CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	VP
Name	GRIFFARD, MARK
Address	644 NE CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAYLA MCKEE**REGISTERED AGENT**

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date