

2014 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:**RHINEHART, ROBERT S
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ALTERNATE DIRECTOR
Name WALKER, RONICA
Address 644 NE CAPITAL CIRCLE
City-State-Zip: TALLAHASSEE FL 32301

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

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

Title ALTERNATE DIRECTOR
Name JONES, DIANTHA
Address 644 NE CAPITAL CIRCLE
City-State-Zip: TALLAHASSEE FL 32301

Title MANAGER/AGENT
Name RHINEHART, ROBERT S
Address PO BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY, TREASURER
Name WILLIAMS, ANGELA
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: ROBERT S RHINEHART**MANAGER/AGENT****04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date