2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 761178

Entity Name: FERNDALE PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1718 FERNDALE PL
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1718 FERNDALE PL
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3119178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWENS, DANIELLE D
1718 FERNDALE PL
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	VISK, LYNN D	
Address:	1722 FERNDALE PL	
City-St-Zip:	TALLAHASSEE, FL 32301 US	
Title:	SD	( ) Delete
Name:	PATTERSON, JOAN	
Address:	1714 FERNDALE PLACE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	TD	( ) Delete
Name:	KERZAN, JACK	
Address:	1726 FERNDALE PLACE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	KINCH, ANNE	
Address:	1702 FERNDALE PLACE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	PD	( ) Delete
Name:	OWENS, DANIELLE D	
Address:	1718 FERNDALE PL	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	OWENS, BARBARA	
Address:	1710 FERNDALE PLACE	
City-St-Zip:	TALLAHASSEE, FL 32301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIELLE D OWENS PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date