

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761178

FILED
May 06, 2007
Secretary of State

Entity Name: FERNDAL PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1718 FERNDAL PL
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1718 FERNDAL PL
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3119178 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OWENS, DANIELLE D
1718 FERNDAL 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 FERNDAL PL
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: PATTERSON, JOAN
Address: 1714 FERNDAL PLACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: KERZAN, JACK
Address: 1726 FERNDAL PLACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: ANDREWS, TY
Address: 1702 FERNDAL PLACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: PTD () Delete
Name: OWENS, DAN
Address: 1718 FERNDAL PL
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: OWENS, BARBARA
Address: 1710 FERNDAL 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 exemption stated in Chapter 119, 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: DAN OWENS

PTD

05/06/2007

Electronic Signature of Signing Officer or Director

Date