


**FILE NOW: FILING FEE IS \$61.25**

• **NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766968 (2)**

**TOMAHAWK TERRACE CONDOMINIUMS, INC.**



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

Mailing Address: % HAVEN MANAGEMENT OF TALLAHASSEE, INC. P. O. BOX 2396 TALLAHASSEE FL 32316 US

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30	Country		

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/14/1983		05/01/1995
4.	FEI Number	Applied For	
	59-2355278	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CAPPS, BETTY  
1471 CAPITAL CIRCLE NW  
TALLAHASSEE FL 32316

*(address change only)*

10. Name and Address of New Registered Agent

81	Name	Betty Capps
82	Street Address (P.O. Box Number Is Not Acceptable)	1471 Capital Circle NW Suite B
83	City	Tallahassee
84	State	FL
85	Zip Code	32303

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: Betty Capps DATE: 4/22/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	STONER, ROBERT	1.2 NAME
STREET ADDRESS	12907 RAIN FOREST STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33617	1.4 CITY-ST-ZIP
TITLE	TD	2.1 TITLE
NAME	MCARTHUR, GERALD	2.2 NAME
STREET ADDRESS	307-B HAYDEN ROAD	2.3 STREET ADDRESS
CITY-ST-ZIP	TALLAHASSEE FL 32304	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE
NAME	MCMANUS, ROBERTA J	3.2 NAME
STREET ADDRESS	1907 GLORIA DRIVE	3.3 STREET ADDRESS
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP
TITLE	M/D	4.1 TITLE
NAME	Betty Capps	4.2 NAME
STREET ADDRESS	1471 Capital Circle NW Suite B	4.3 STREET ADDRESS
CITY-ST-ZIP	Tallahassee, FL 32303	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Betty Capps, manager DATE: 4/22/96 (904) 574-2836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)