


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 766968 (2)
1. Corporation Name
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

3. Date Incorporated or Qualified: 02/14/1983
4. FEI Number: 59-2355278
Applied For: Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
3. Certificate of Status Desired: 5
Election Campaign Financing Trust Fund Contribution: 6
Is this nonprofit corporation a homeowners association?: 7
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: 8

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CAPPS, BETTY
1471 CAPITAL CIRCLE NW
SUITE B
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name: Acy Stinson
82 Street Address (P.O. Box Number is Not Acceptable): 6505 Black Bass Pass
83
84 City: Tallahassee, 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: *Acy Stinson*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	MCARTHUR, GERALD	
STREET ADDRESS	307-B HAYDEN RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	STONER, ROBERT	
STREET ADDRESS	12907 RAIN FOREST ST.	
CITY-ST-ZIP	TALLAHASSEE FL 33617	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	MCMANUS, ROBERTA J	
STREET ADDRESS	1907 GLORIA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	M/D	<input checked="" type="checkbox"/> DELETE
NAME	CAPPS, BETTY	
STREET ADDRESS	1471 CAPITAL CIRCLE NW, SUITE B	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	M/D Stinson, Acy
4.3 STREET ADDRESS	6505 Black Bass Pass
4.4 CITY-ST-ZIP	Tallahassee, FL 32303
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002523929
6.3 STREET ADDRESS	-05/14/98--01098--027
6.4 CITY-ST-ZIP	***61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Donald McArthur* 4/29/98 950-567-0706

CR2E037 (10/97)