## 72006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # NO3000005456 HILL TOP HOMEOWNERS ASSOCIATION, INC.  2006 DCT - 4 AM 8: 28  SECRETARY OF STATE TALLAHASSEE, FL 32309  IALAHASSEE, FL 32309  IALA	1. Entry Name HILL TOP HOMEOWNERS ASSOCIATION, INC.  2006 OCT - 4 M 8: 28  Principal Place of Business 13475 MIDDLEFIELD ROAD 13475 MIDLEFIELD ROAD 13475 MIDLEF	1. Entity Name HILL TOP HOMEOWNERS ASSOCIATION, INC.  2006 OCT - 4 AM 8: 28  Principal Place of Business 13475 MIDDLEFELD ROAD 13475 MIDLEFELD ROAD			
Principal Place of Business 13475 MIDDLEREID RAD 13	Principal Place of Business 13475 MIDDLEFIELD ROAD 13475 MIDDLEFIELD	### SECRETARY OF STATE TALLAHASSEE, FLORIDA    13475 MIDDLEFFELD ROAD	2006 OCT - 4 AM 8: 28		
TALLAHASSEE, FL 32309	TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32308  TALAHASSEE, FL 32308  TALLAHASSEE, FL 32308  TALLAHASSEE, FL 32308	TALLAHASSEE, FL 32309  TALAHASSEE, FL 32309  TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32309			
TALLAHASSEE, FL 32309	TALLAHASSEE, FL 32308  TALAHASSEE, FL 32308  TALLAHASSEE, FL 32308  TALLAHASSEE, FL 32308	TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32308  TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32308  TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32308  TALAHASSEE, FL 32308  TALLAHASSEE, FL 32308  TALLAHASSEE, FL 32308			
Sule. Apt. 4. etc.  Sule.	Sules, Ap. 4, etc.  Sules,	Suite, Apt. #, etc.  Suite, Ap	TALLAHASSEE.FLORIDA		
Sule. Apt. 4. etc.  Sule.	Sules, Ap. 4, etc.  Sules,	Suite, Apt. #, etc.  Suite, Ap	!   [ ]		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O9192006 Chg.NP   CR2E037 (4/06)   City & State	Suite, Apt. #, etc.  Suite, Ap	Suite, Apt. #, etc.    Suite, Apt. #, etc.	;		
City & State    March   Country   Country   Country   Country   Section   Se	City & State    City & State   Country   Count	City & State  Widusay FU  City & State  Widusay FU  Applied F  Widusay FU  Applied F  Widusay FU  Applied F  Not Applied F  Sacry  Sacr			
Country   Superant	Name and Address of Current Registered Agent   S. Certificate of Status Desired   S475 Additional Fee Required Agent   S. Certificate of Status Desired   S475 Additional Fee Required Agent   S. Certificate of Status Desired   S475 Additional Fee Required Agent   S475	20-1189433   Not Applied   Status Desired   Status Desired Agent   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired Agent   Status Desi	d 500		
6. Name and Address of Current Registered Agent  7. Name and Address of Natural Englistered Agent  7. Name and Address of New Registered Agent  7. Name and	S. Contributed to Status Desired  Per Required  7. Name and Address of Current Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. Shot Name and Address of Po. Box Number is Not Acceptable).  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida State of Florida. I am laminar with, and accept the obligations of registered agent. Shot in the State of Florida. Shot in the S	6. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida Department of State I am familiar with, and act the obligations of registered agent. Or Doth in the State of Florida Department of State I am familiar with, and act the obligations of registered agent. Or Doth in the State of Florida Department of State I am familiar with, and act the obligations of registered agent. Or Doth in the State of			
Name and Address of Current Registered Agent	6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name Audusta Daniel E 3507 HOMASVILLE ROAD 4TH FL  TALLAHASSEE, FL 32309 -  8. The above named only submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Amended AR is \$61.25  9. Election Campsign Financing Trust Fund Contribution.  Amended AR is \$61.25  9. Election Campsign Financing Trust Fund Contribution.  Amended AR is \$61.25  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 0  ITTLE MAKE AGENT AGENTS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 0  TO STEP AUGUST AGENT A	MANAUSA, DANIEL E 3520 THOMASVILLE ROAD 4TH FL TALLAHASSEE, FL 32309-  8. The above named entity submits this statement for the purpose of changing its registered agent, or portion of registered agent.  8. 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. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Amended AR is \$61.25  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE LARSON, JENNA A SIRET ADDRESS OITY-ST-2P TALLAHASSEE, FL 32308  THOMPSON, CAROL A SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS BEGS APROCTOR ROAD SIRET ADDRESS SIRET	al		
MANAUSA, DANIEL E 3520 THOMASVILLE ROAD 4TH FL TALLAHASSEE, FL 32309-  8. The above named entity eubmits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature	MANAUSA, DANIEL E 3520 THOMPSON, CAROL A  THE D  MARE LARSON, SERE AND DIRECTORS  TO SHET AURIES 2308  1. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am tarvitar with, and accept the obligations of registered agent.  Signature:  Synauk theor or present range or squared agent and told a specialist  OCTE Registered Apent algoritar for increase agent.  Police  Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Amended AR is \$61.25  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TO STRETA BURSS  OTH-ST-2P  TALLAHASSEE, FL 32308  TITLE  D  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  TO STRETA BURSS  THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  TO STRETA BURSS  THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  TO STRETA BURSS  TO STRETA BURSS  TO STRETA BURSS  TO STRETA BURSS  THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  TO STRETA BURSS  T	MANAUSA DANIELE 3520 THOMASVILLE ROAD 4TH FL TALLAHASSEE, FL 32309-  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Fam familiar with, and active obligations of registered agent.  SIGNATURE  Amended AR is \$61.25  Q. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE LARSON, JENNA A STREET ADDRESS GITY-ST-2P TALLAHASSEE, FL 32308  THOMPSON, CAROL A SIRRET ADDRESS GITY-ST-2P NAME THOMPSON, CAROL A SIRRET ADDRESS GITY-ST-2P NAME THOMPSON, JAMES L STREET ADDRESS GITY-ST-2P NAME STREET ADDRESS GITY-ST-2P N			
Sirear Address (P.O. Box Number is Not Acceptable)    Sirear Address (P.O. Box Number is Not Acceptable)	Sirect Angress (P.O. Box Number is Not Acceptable).    Sirect Address (P.O. Box Number is Not Acceptable).	Sireet Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE, FL 32309			
Iol S Martin Luther king Tr. Blod.   City Midway FL   270 Code   2884/3	B. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Amended AR is \$61.25  SIECLION Campaign Financing Trust Fund Combution.  OFFICERS AND DIRECTORS  11. ADDITIONS IONANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS  11. ADDITIONS IONANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS  11. ADDITIONS IONANGES TO OFFICERS AND DIRECTORS IN 10.  OTH ST-2P  AME THOMPSON, CAROLA  MAKE THOMPSON, CAROLA  MAKE THOMPSON, CAROLA  MAKE THOMPSON, JAMES L  SIRET AUDRESS  SI	8. The above named entity submits this statement for the purpose of changing its registered agent.  SIGNATURE  SIGNATURE  Amended AR is \$61.25  10. OFFICERS AND DIRECTORS  11. ARSON, JENNA A  SIRET ADDRESS  11. CHANGES G863 PROCTOR ROAD  THULE  D  THULE  THOMPSON, CAROLA  STREET ADDRESS  SIRET ADDRESS  SI	-		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Amended AR is \$61.25   9. Election Campaign Financing Trust Fund Contribution.   Adoption Symptotic Pressure Agent agreement of State	8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  ### Amended AR is \$61.25    S. Election Campaign Financing   \$5.00 May Bo Added to Fees   Make check payable to Florida Department of State   Professor Agent A	8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Signature. Those or peried name or registered agent and title if applicable.  RIOTE. Registered Agent agenture required when remaining)  DATE  Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  DOFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  ITILE NAME LARSON, JENNA A STREET ADDRESS 6863 PROCTOR ROAD THULE NAME THOMPSON, CAROL A THOMPSON, CAROL A THOMPSON, CAROL A THOMPSON, CAROL A THOMPSON, JAMES L THE MAME THOMPSON, JAMES L THOMPSON, JAM			
SIGNATURE  SIGNATURE  Signature agent.  Signatur	SIGNATURE    Amended AR is \$61.25   9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make check payable to Fund Department of State   \$1.0.	SIGNATURE    Signature   Signa	42		
SIGNATURE    Signature   Signa	SIGNATURE    Amended AR is \$61.25   9. Election Campaign Financing   55.00 May Be Added to Fees   Florida Department of State	SIGNATURE    Signature, inject or permised name of registered agent and time of applicable   (NOTE Registered Agent algresture required when remasking)   DATE	accept		
Amended AR is \$61.25  P. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS AND DIRECTORS IN 10  ITILE DATE ADDRESS OFFI SETS ADDRESS OFFI	Amended AR is \$61.25  Amended AR is \$61.25  9. Election Campaign Financing Added to Fees Added to Fe	Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  11ILE D LARSON, JENNA A SIREET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 32308  11ILE D Delete TITLE NAME THOMPSON, JAMES L SIREET ADDRESS TALLAHASSEE, FL 32309 CITY-S1-2IP Delete TITLE NAME THOMPSON, JAMES L SIREET ADDRESS TALLAHASSEE, FL 32309 CITY-S1-2IP TALLAHASSEE, FL 32309 CITY-S1-2IP NICHAMAE SIREET ADDRESS TALLAHASSEE, FL 32309 CITY-S1-2IP NICHAMAE SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS S	-		
Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITTLE DAME LARSON, JENNA A BOBBIE CONTROLOR	Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITIE D. LARSON, JENNA A 8863 PROCTOR ROAD CITY-S1-ZIP TALLAHASSEE, FL 32308  ITIE THOMPSON, CAROL A STREET ADDRESS GRIFT	Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE  D LARSON, JENNA A  SIREET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 32308  THUE D Delete THOMPSON, CAROL A SIREET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 32308  THUE D THOMPSON, JAMES L THOMPSON, JAMES L THOMPSON, JAMES L THOMPSON, JAMES L SIREET ADDRESS CITY-S1-2IP THUE D THOMPSON, JAMES L SIREET ADDRESS THILE D THOMPSON, JAMES L SIREET ADDRESS THE TADDRESS THE TADDRES			
Amended AR is \$61.25  Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  DAME LARSON, JENNA A  6863 PROCTOR ROAD SIREET ADDRESS CITY-SI-ZIP TALLAHASSEE, FL 32308  CITY-SI-ZIP THOMPSON, CAROL A THOMPSON, CAROL A THOMPSON, CAROL A THOMPSON, JAMES L THE DAME THOMPSON, JAMES L THE NAME THOMPSON, JAMES L THE NAME SIREET ADDRESS CITY-SI-ZIP TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32309  TOP-SI-ZIP TALLAHASSEE, FL 32309  TOP-SI-ZIP THE DAME DEGREE TITLE NAME SIREET ADDRESS CITY-SI-ZIP TALLAHASSEE, FL 32309  THE NAME SIREET ADDRESS	Amended AR is \$61.25  Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE	Amended AR is \$61.25  Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  MAME  LARSON, JENNA A  SIRECT ADDRESS  G863 PROCTOR ROAD  TALLAHASSEE, FL 32308  TITLE  D  THOMPSON, CAROL A  SIRECT ADDRESS  G863 PROCTOR ROAD  SIRECT ADDRESS  G864 PROCTOR ROAD  SIRECT ADDRESS  G865 PROCTOR ROAD  SIRECT ADDRESS  G867 PROCTOR ROAD  SIRECT ADDRESS  G868 PROCTOR ROAD  SIRECT ADDRESS  G87 Stevens Orive  G17-S1-ZIP  Midway, FL 32343  G17-S1-ZIP  Midway, FL 32343  G17-S1-ZIP  Midway, FL 32343  G17-S1-ZIP  Midway, FL 32345			
TITLE NAME LARSON, JENNA A STREET ADDRESS CITY-ST-2IP THUE NAME THOMPSON, CAROL A STREET ADDRESS CITY-ST-2IP THOMPSON, JAMES L THE MAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP THE	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE  D LARSON, JENNA A 6863 PROCTOR ROAD TALLAHASSEE, FL 32308  TITLE THOMPSON, CAROL A STREET ADDRESS CITY-ST-ZIP THOMPSON, CAROL A STREET ADDRESS CITY-ST-ZIP THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP STRE	TITLE  NAME  LARSON, JENNA A  STREET ADDRESS  G863 PROCTOR ROAD  TALLAHASSEE, FL 32308  THUE  NAME  STREET ADDRESS  G17'-S1-ZIP  THOMPSON, CAROL A  STREET ADDRESS  G18'-S1-ZIP  TALLAHASSEE, FL 32308  THUE  D  THOMPSON, CAROL A  STREET ADDRESS  G18'-S1-ZIP  TALLAHASSEE, FL 32308  THUE  D  THOMPSON, JAMES L  STREET ADDRESS  STREET ADDRESS  G18'-S1-ZIP  TALLAHASSEE, FL 32309  THUE  NAME  STREET ADDRESS  CITY-S1-ZIP  Michael  STREET ADDRESS  CITY-S1			
NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE D THOMPSON, CAROL A STREET ADDRESS CITY-ST-ZIP THLE D THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP THLE D THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP THLE D THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP THLE D THLE STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE D Delete THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE D Delete THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME NAME STREET ADDRESS CITY-ST-ZIP THLE NAME NAME STREET ADDRESS CITY-ST-ZIP THLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP THLE NAME NAME NAME NAME NAME NAME  CChange Addition Addition NAME NAME NAME NAME NAME NAME NAME  CChange Addition NAME NAME NAME NAME NAME NAME NAME NAME	NAME SIRET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 32308  TITLE D THOMPSON, CAROL A SIRET ADDRESS CITY-S1-ZIP NAME THOMPSON, CAROL A SIRET ADDRESS CITY-S1-ZIP NAME THOMPSON, CAROL A SIRET ADDRESS CITY-S1-ZIP NAME THOMPSON, JAMES L THILE D THOMPSON, JAMES L THE MAME TH	NAME STREET ADDRESS CITY-ST-ZIP THULE D THOMPSON, CAROL A STREET ADDRESS CITY-ST-ZIP THULE D THOMPSON, CAROL A STREET ADDRESS CITY-ST-ZIP THULE D THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP THULE D THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP THULE NAME STREET ADDRESS CITY-ST-ZIP THULE NAME STREET ADDRESS CITY-ST-ZIP NICLUSARY, FL 32345			
STREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	SIREET ADDRESS OCITY-SI7-ZIP  TALLAHASSEE, FL 32308  THOMPSON, CAROL A SIREET ADDRESS OCITY-SI7-ZIP  TALLAHASSEE, FL 32308  THOMPSON, CAROL A SIREET ADDRESS OCITY-SI7-ZIP  TALLAHASSEE, FL 32308  THOMPSON, CAROL A SIREET ADDRESS OCITY-SI7-ZIP  TALLAHASSEE, FL 32308  THOMPSON, JAMES L SIREET ADDRESS OCITY-SI7-ZIP  THOMPSON, JAMES L SIREET ADDRESS OCITY-SI7-ZIP  TALLAHASSEE, FL 32309  TO Delete  TITLE  MAME SIREET ADDRESS OCITY-SI7-ZIP  MICHAGUA, FL 57-ZIP  MICH	STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308  TITLE D NAME THOMPSON, CAROL A STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308  TITLE NAME THOMPSON, CAROL A STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308  TITLE D NAME THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP THOMPSON, JAMES L STREET ADDRESS THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP THUE NAME THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TOPICE THE SECRETARY Voluntia Luther Hing Tr. Blud. THUE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	] Addition		
TITLE D Delete THOMPSON, CAROL A STREET ADDRESS 6863 PROCTOR ROAD CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP THLE D Delete THE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP C	TITLE NAME THOMPSON, CAROL A STREET ADDRESS ABAGINOR STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32308 CITY-ST-ZP TALLAHASSEE, FL 32308 CITY-ST-ZP TALLAHASSEE, FL 32309 CITY-ST-ZP CITY-ST-Z	TITLE  NAME THOMPSON, CAROL A STREET ADDRESS CITY-ST-ZIP  TALLAHASSEE, FL 32308  TITLE  D Delete TITLE NAME THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE  D Delete TITLE THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP NICLWAY, FL 37345  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY			
NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308  TITLE D D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE D D DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP ANAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP ANAME STREET ADDRESS CITY-ST-ZIP ANAME ANAME STREET ADDRESS CITY-ST-ZIP ANAME ANAME ANAME STREET ADDRESS CITY-ST-ZIP ANAME	NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 THE STREET ADDRESS CITY-ST-ZIP TITLE SECRETARY STREET ADDRESS CITY-ST-ZIP TITLE SECRETARY STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CI	NAME STREET ADDRESS CITY-ST-ZIP THOMPSON, CAROL A STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	7.4.00		
TALLAHASSEE, FL 32308  CITY-ST-ZIP TITLE D THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TALLAHASSEE, FL 32308  TITLE  THOMPSON, JAMES L  STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE SERRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE SIREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete Del	CITY-ST-ZIP TALLAHASSEE, FL 32308  TITLE D THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP Midway, FL 32343  TITLE D THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP Midway, FL 32343  CITY-ST-ZIP TALLAHASSEE, FL 32309  TITLE Secretary Delete TITLE Secretary Delete STREET ADDRESS CITY-ST-ZIP Widway, FL 32343  CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Widway, FL 32343  CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME	) Addition		
TITLE D D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE D DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP NICE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SCENETA NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE SCENETA STREET ADDRESS CITY-ST-ZIP TITLE SCENETA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE SCENETA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE SCENETA SC	TITLE D Delete TITLE INSCRUPET DTRANGE AND CATE STREET ADDRESS TREET ADDRESS STREET ADDRESS STRE			
NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME CITY-ST-ZIP TITLE NAME NAME NAME NAME CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32309  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP THOMPSON, JAMES L STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	1 Addition		
CITY-S1-ZIP TALLAHASSEE, FL 32309  CITY-S1-ZIP Michaeu, FL 57345  TITLE NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP TALLAHASSEE, FL 32309  CITY-ST-ZIP Midway, FL 57343  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS TITLE NAME STREE	CITY-ST-ZIP TALLAHASSEE, FL 32309  CITY-ST-ZIP Michael, FL 37343  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  Michael, FL 37343	,		
TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME  Delete  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME  Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete	TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  Delete  TITLE  Secretary  Florange  And  Volanda Goode  240 H:11 Top Drive  CITY-SI-ZIP  Nidway Fl 32345	Ì		
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Addition  NAME  Change Addition  Addition  NAME  CHANGE  Addition  NAME  TITLE  NAME  Addition  NAME	STREET ADDRESS CITY-ST-ZIP CIT	STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP	] Addition		
CITY-S1-ZIP	CITY-ST-ZIP  1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same logal offect 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 10 or Block 11 if	CITY-SI-ZIP Nidway, FL 32343			
NAME         STREET ADDRESS         STREET ADDRESS         10.704.705-01046-005 ##61.25           CITY-ST-ZIP         TITLE         Delete         TITLE           NAME         NAME         Addition	NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO A J G G G G G G G G G G G G G G G G G G				
STREET ADDRESS   10/04/05 - 01046 - 005	STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal offect 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 10 or Block 11 if		) Addition		
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME	CITY-ST-ZIP  Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same logal offect 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 10 or Block 11 if		-		
NAME NAME	NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same logal offect 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 10 or Block 11 if	CITY-ST-ZIP CITY-S1-ZIP			
	STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same logal offect 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 10 or Block 11 if	— · · —	] Addition		
I	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal offect 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 10 or Block 11 if	STREET ADDRESS STREET ADDRESS			
	indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect 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 10 or Block 11 if		nation		
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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 10 or Block 11 if		indicated on this report or supplemental 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 directly 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 10 or Block	lirector		
	0=1-1,		ļ		
0-0-1	SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR PLANE OFFICER OR DIRECTOR PLANE OFFICER OR DIRECTOR PLANE O	SIGNATURE: SIGNATURE NO TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9/19/04 950-575-9460	ا_ح		