FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N08819

(7)

PICKFORD HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address 2955 PICKFORD PL 3020 PICKFORD DR PENSACOLA FL 32503 PENSACOLA FL 32503-43						4			1 100011(0) Att Adidl folgt ifflüt linin	MIL MINIT	10(1 \$1011 B1011 B	1811 BIBN 1881	
					374								
			US	i				3.	Date Incorporated or Qualified 04/19/1985	3a. D:	ate of Last Re 03/20/19		
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number 59-2921866	•	} 	plied For	
Suite, Apt #, etc.				Suite, Apt. #, etc.					00 E05 1000	····	\$8.75 A	t Applicable	
22				27				5.	Certificate of Status Desired		Fee Re		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23 Country			[28]	Zip Country				+_	Trust Fund Contribution	L			
Zip	Country			29 30			Juliu y		This corporation has liability for in Florida Statutes		e tax unders. □ No	199.032,	
24 25 9. Name and Address of Curren								10. Name and Address of New Registered Agent					
RA	6-LE>				8	11	Name						
	FRANCIS			•	8	2	Street Addre	ess (P	P.O. Box Number is Not Acceptable	e)			
	CKFORD P				8	3			-				
PENSAL	COLA FL 3	2003											
						4	City			FL	• · · ·	Code	
11. Pursuant to office or reagent. La	to the provisi egistered ag m familiar wi	ions of Sections 61 ent, or both, in the th, and accept the	7.0502 and 6 State of Floric obligations of	17.1508, Florida Stati da. Such change was f, Section 617.0503, f	utes, the abo authorized Torida Statut	by les	-named corp the corporati	oratio ion's t	on submits this statement for the population of directors. I hereby acception	rpose of the app	f changing its pointment as	s registered registered	
SIGNATURE	7.	BB	anle	,							3 <i>-1-9</i>	7	
	Signalure, lyped	or printed name of register	ed agent and the			(Jer	nt signature require			DATE	D DIDEOTOR	0.151.40	
12.		OFFICER	S AND DIREC	DELETE	13.	-			ADDITIONS/CHANGES TO OFFIC	EHS AN	Change	Addition	
TITLE	PD	NA AANNIE	0	L) ottett	1.1 TITL						CH CHAINE		
NAME		ING, CONNIE			1.2 NAM		*DDDCCC						
STREET ADDRESS		CKFORD PT					ADDRESS						
CITY - ST - ZIP TITLE	VD VD	COLA FL		☐ DELETE	1.4 CITY 2.1 TITL		t-zir				Change	Addition	
NAME		MIER, JANICE			2.2 NAM								
STREET ADDRESS		ICKFORD PL					ADDRESS						
CITY-ST-ZIP		COLA FL			2. 4 CIT		ł						
TITLE	TD	OUD. I L		DELETE	3.1 TITL		<u> </u>				Change	Addition	
NAME		Y, FRANCES B			3.2 NAM	4E	'						
STREET ADDRESS		ICKFORD PL			3.3 STR	EET	ADDRESS						
C(TY-ST-Z(P		COLA FL			3.4. CIT	Y-\$	ST-ZIP						
TITLE	ST			DELETE	4.1 T(T)	E					Change	Addition Addition	
NAME	BAGLE'	Y, FRANCES B			4. 2 NA	ME							
STREET ADDRESS	3020 P	ickford P L			4.3 STR	EET	ADDRESS						
CITY-ST-ZIP	PENSA	COLA FL			4.4 CiTy	/-S	IT-ZIP						
TITLE				DELETE	5.1 TITL	E.					Change	Addition	
NAME					5.2 NAA	Æ							
STREET ADDRESS					5.3 STA	EET	ADDRESS						
CITY - ST - ZIP				-	5.4 CITY		ST-ZIP				I 160	A.3300.	
TITLE				☐ DELETE	6.1 TITL						Change	☐ Addition	
NAME					6.2 NAN	Æ	1						
STREET ADDRESS					6.3 STR	EET	ADDRESS						
CITY-ST-7IP	1				6.4 CIT	y-S	iT-21P						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

3 SONATORE AND TYPED OR PRINTED HAME OF SANING PEFFICER OR DIRECTOR

<u> 3-1.97</u>

(984) 438.7353 Devime Phone + 0072637

FILED

Mar 04 1997 8:00am

Secretary of State