## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

PICKFORD HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business		Mailing Address			T THE STILL BUT DESCRIPTION OF STATE STATE OF ST	
2955 PICKFORD PL PENSACOLA FL 32503		3020 PICKFORD DR PENSACOLA FL 32503 US				led For
2. Principal F	Place of Business	2a. Mailing Address			1	Applicable
21	28				5. Certificate of Status Desired See Sequ	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 Ma	
22					Trust Fund Contribution Added to F	•
23		City & State	28		7. Is this nonprofit corporation a homeowners association?	
Zip	Country Zip		Country	<del>,</del>	8. This corporation owes or has pald the current year Intan	
24	25	<del>-</del>	30		Personal Property Tax due June 30. Yes	
	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
			81	Name		
BAGLEY, FRANCES B			82	Street A	Address (P.O. Box Number is Not Acceptable)	
3020 PICKFORD PLACE PENSACOLA FL 32503			83			
FEHOAL	OLA PL 32303					
			84	City	FL 85 Zip Co	de
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						egistered gistered
SIGNATURE						
12.	Signature, typod or printed name of registered ag	ont and title if applicable (NOTE ID DIRECTORS	Registered Age	ent signature re	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	
TITLE	PD	DELETE	1.1 TITLE	Т		Addition
NAME	FLEMMING, CONNIE	1.2 h			- Company	
STREET ADDRESS	3055 PICKFORD PT 1.3		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-S	T-ZIP		
TITLE	VD	DELETE 2.1			☐ Change [	Addition
NAME	AARE MAURADA M		2.2 NAME			
STREET ADDRESS	DEMOACOLA EL		2.3 STREET		2. * · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP TITLE			2. 4 CITY - 5 3.1 TITLE	ST-ZIP	Change	Addition
NAME .	BAGLEY, FRANCES B			- 1	Cuange f	waning
STREET ADDRESS	3020 PICKFORD PL	(FORD B)		ADDRESS		
CITY-S1-ZIP	PENSACOLA FL			ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE	-	Change [	Addition
NAME	BAGLEY, FRANCES B		4.2 NAME			
STREET ADDRESS	3020 PICKFORD PL			ADORESS		
CITY-ST-ZIP	PENSACOLA FL			T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		[_] Change [	Addition
NAME STREET ADDRESS			5.2 NAME	***************************************		
CITY-ST-ZIP			5.3 STREET 5.4 CITY-S			
TITLE			6.1 TITLE	,- L#	Change	Addition
NAME			6.2 NAME	.		
STREET ADDRESS			6.3 STREET	address		
				- 1		

14. I 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 eath; 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.

Bank Miller

D- 11.98

**FILED** 

Feb 16 1998 8:00am

Secretary of State