

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90027 042 ****61.25

DOCUMENT # N11196 1. Entity Name CLIFFORD HILL TOWNHOMES ASSOCIATION, INC.	
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Principal Place of Business %PATRICK K. HODGES 1581 CLIFFORD HILL ROAD TALLAHASSEE, FL 32308	Mailing Address %PATRICK K. HODGES 1581 CLIFFORD HILL ROAD TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE



02132005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HODGES, PATRICK K.
1581 CLIFFORD HILL ROAD
TALLAHASSEE, FL 32308

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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 accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, PATRICK K. 1581 CLIFFORD HILL ROAD TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILLEBRW, EDWARD B. 1565 CLIFFORD HILL RD. TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIELS, NANCY A. 1555 CLIFFORD HILL RD. TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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IN THIS SPACE**

12. 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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Burt Killebrun 2-14-05 850-656-2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #