

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Sep 06, 2006  
Secretary of State

DOCUMENT# N11196

Entity Name: CLIFFORD HILL TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HODGES, MARY MARGARET  
1581 CLIFFORD HILL ROAD  
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: MARY MARGARET HODGES

09/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HODGES, PATRICK K.,  
Address: 1581 CLIFFORD HILL ROAD  
City-St-Zip: TALLAHASSEE, FL

Title: PD ( ) Delete  
Name: KILLEBRW, EDWARD B.,  
Address: 1565 CLIFFORD HILL RD.  
City-St-Zip: TALLAHASSEE, FL

Title: SD ( ) Delete  
Name: DANIELS, NANCY A.,  
Address: 1555 CLIFFORD HILL RD.  
City-St-Zip: TALLAHASSEE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR ( ) Change (X) Addition  
Name: MARY MARGARET HODGES,  
Address: 1581 CLIFFORD HILL ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY MARGARET HODGES

TR

09/06/2006

Electronic Signature of Signing Officer or Director

Date