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95 MAY -1 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33845** (1)
1. Corporation Name
EASTON HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, I NC.

Principal Place of Business Mailing Address
1837 EASTON FOREST DR TALLAHASSEE FL 32311 US **1837 EASTON FOREST D TALLAHASSEE FL 32311 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/23/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3025458** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes Yes No

2. Principal Place of Business Mailing Address
21 **5402 ASHTON CT.** 26 **5402 ASHTON CT.**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **TALLAHASSEE, FL.** 28 **TALLAHASSEE, FL.**
24 **32311** 25 **US** 29 **32311** 30 **US**

9. Name and Address of Current Registered Agent
**FONTELA ROGELIO
1837 EASTON FOREST DR
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent
81 Name **GEORGE SIRIANNI**
82 Street Address (P.O. Box Number is Not Acceptable) **5402 ASHTON CT.**
83
84 City **TALLAHASSEE** FL 85 Zip Code **32311**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE *[Signature]* **GEORGE SIRIANNI, SECRETARY/DIRECTOR** 4/30/95
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHMIDT TOM
STREET ADDRESS	5413 LAWTON COURT
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	TD
NAME	CONDON JAN
STREET ADDRESS	5419 LAWTON COURT
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	SD
NAME	FONTELA ROGELIO
STREET ADDRESS	1837 EASTON FOREST DR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	TD
NAME	DWYER, JAMES
STREET ADDRESS	5451 PINDERTON WAY
CITY - ST - ZIP	TALLAHASSEE FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CURTIS EDGE	
13 STREET ADDRESS	5408 ASHTON CT.	
14 CITY - ST - ZIP	TALLAHASSEE, FL. 32311	
21 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LAURIE SYEG	
23 STREET ADDRESS	1823 TAMiami DR.	
24 CITY - ST - ZIP	TALLAHASSEE, FL. 32301	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GEORGE SIRIANNI	
33 STREET ADDRESS	5402 ASHTON CT.	
34 CITY - ST - ZIP	TALLAHASSEE, FL. 32311	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **LAURIE SYEG - TREASURER/DIRECTOR** 4/28/95 222-7110 x316
Signature and typed or printed name of signing officer or director Date (system change)