

FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

1997 APR 29 PM 3: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

DOCUMENT # **N33845** (1)  
1. Corporation Name

**EASTON HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, I  
NC.**



Principal Place of Business Mailing Address  
**5402 ASHTON CT.  
TALLAHASSEE FL 32311  
US** **5402 ASHTON CT.  
TALLAHASSEE FL 32311-1407  
US**

3. Date Incorporated or Qualified **08/23/1989** 3a. Date of Last Report **05/01/1996**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **5404 CROFTON CT.** 26 **5404 CROFTON CT.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 City & State City & State  
**TALLAHASSEE, FL** **TALLAHASSEE, FL**  
24 Zip Country 25 Zip Country  
**32311 USA** **32311 USA**

9. Name and Address of Current Registered Agent  
**SIRIANNI, GEORGE  
5402 ASHTON CT.  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent  
81 Name **LEES, DOUGLAS**  
82 Street Address (P.O. Box Number is Not Acceptable) **5404 CROFTON CT.**  
83  
84 City **TALLAHASSEE** FL 85 Zip Code **32311**

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 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 617.0503, Florida Statutes.

SIGNATURE *Douglas G. Lees* DATE **4/28/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NICOLLE, MICHAEL	
STREET ADDRESS	5431 EAST POINTE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DOUGHERTY, EDWARD JR.	
STREET ADDRESS	5414 ASHTON CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIRIANNI, GEORGE	
STREET ADDRESS	5402 ASHTON CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOUGHERTY, EDWARD JR	
1.3 STREET ADDRESS	5414 ASHTON CT.	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
2.1 TITLE	TREASURER/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHOW, CRAIG	
2.3 STREET ADDRESS	5415 ASHTON CT.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32311	
3.1 TITLE	SECRETARY/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEES, DOUGLAS	
3.3 STREET ADDRESS	5404 CROFTON CT.	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700002163347--7	
4.3 STREET ADDRESS	-05/02/97--01067--010	
4.4 CITY-ST-ZIP	*****61.25 *****61.25	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Douglas G. Lees* DATE: **4/28/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # **487-2155**  
**(904) 922-2520**

CF2E037 (9/96)