

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N33845
1. Corporation Name
Easton Homeowners' Assoc., of Tallahassee, Inc.

Principal Place of Business: 5404 Crofton Ct., Tallahassee, FL 32311
Mailing Address: same

2. Principal Place of Business: 21 5404 Crofton Ct., Suite, Apt. #, etc.
22 City & State: 23 Tallahassee, FL
24 Zip: 32311, 25 Country: USA

2a. Mailing Address: 26 same
27 City & State: 28
29 Zip: 30 Country:

3. Date Incorporated or Qualified: 8/23/89
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: Doug Lees, 5404 Crofton Ct., Tallahassee, FL 32311

10. Name and Address of New Registered Agent: 81 Name: same, 82 Street Address, 83, 84 City: FL, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0504 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 A. Lees, 2/22/98 (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Ed Dougherty - Pres./Dir.	<input type="checkbox"/> DELETE
NAME	5410 Linton Ct.	
STREET ADDRESS	Tallahassee, FL 32311	
CITY-ST-ZIP		
TITLE	Craig Chown - Treas./Dir.	<input type="checkbox"/> DELETE
NAME	5410 Linton Ct.	
STREET ADDRESS	Tallahassee, FL 32311	
CITY-ST-ZIP		
TITLE	Doug Lees - Sec./Dir.	<input type="checkbox"/> DELETE
NAME	5404 Crofton Ct.	
STREET ADDRESS	Tallahassee, FL 32311	
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100002496021
4.3 STREET ADDRESS	-04/22/98--01011--021
4.4 CITY-ST-ZIP	***70.00
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	421
6.3 STREET ADDRESS	JR
6.4 CITY-ST-ZIP	

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 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 A. Lees, Secretary/Dir, 2/22/98, 487-2755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)