

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90123 012 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # N33845**

1. Corporation Name  
**EASTON HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, INC.**

Principal Place of Business Mailing Address  
 5404 CROFTON CT. 5404 CROFTON CT.  
 TALLAHASSEE FL 32311 TALLAHASSEE FL 32311  
 US US

450272<sup>8</sup> - 90238 - 7<sup>2</sup> 2 \*



21. Principal Place of Business 5432 Pinderton Way Suits, Apt. #, etc.	22. Mailing Address 5432 Pinderton Way Suits, Apt. #, etc.	3. Date Incorporated or Qualified 08/23/1989
23. City & State Tallahassee, FL	27. City & State Tallahassee, FL	4. FEI Number 59-3025458
24. Zip 32311	29. Zip 32311	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required
25. Leon	30. Leon	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
**LEES, DOUGLAS**  
 5404 CROFTON CT  
 TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name Richard Duley
82 Street Address (P.O. Box Number is Not Acceptable) 5432 Pinderton Way
83
84 City Tallahassee
85 State FL
86 Zip Code 32311

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

SIGNATURE: R. Duley DATE: 3/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DOUGHERTY, EDWARD JR. 5410 LAWTON CT. TALLAHASSEE FL 32311	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	CHOWN, CRAIG 5410 LAWTON CT. TALLAHASSEE FL 32311	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	LEES, DOUGLAS 5404 CROFTON CT TALLAHASSEE FL 32311	2.2 NAME Richard Duley	
		2.3 STREET ADDRESS 5432 Pinderton Way	
		2.4 CITY-ST-ZIP Tallahassee, FL 32311	
		3.1 TITLE Treasurer	<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	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: R. Duley DATE: 3/1/99 DAYTIME PHONE: 850-487-2755

*R. Duley 4/26/99*

CR2E037 (11/88)