2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N33845 1. Entity Name EASTON HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, INC. Principal Place of Business Mailing Address 5432 PINDERTON WAY TALLAHASEE, FL 32317 US **5432 PINDERTON WAY** TALLAHASEE, FL 32317 US 01212004 No Chg-NP CR2E037 (10/03)

FILED Jan 23, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-3025458 Not Applicable

\$8.75 Additional Fee Required 5. Certificate of Status Desired _ 🗆

5. Name and Address of Current Registered Agent

DULEY, RICHARD 5432 PINDERTON WAY TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE			gest signature réquired when reinstating)		DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financin Trust Fund Contribution.	9 🛘	\$5.00 May Be Added to Fees	
18.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOWN, CRAIG 5415 ASHTON CT TALLAHASSEE, FL 32317				U00000010703 01/23/04-80007-017 61.25
TITLE NAME STREET ADDRESS CRY-ST-ZIP	TD DULEY, RICHARD 5432 PINDERTON WAY TALLAHASSEE, FL 32317				01720704 660077611 61.23
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VD SIRIANNI, GEORGE 5402 ASHTON COURT TALLAHASSEE, FL 32317			DO	NOT WRITE
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE NAME STREET ACCRESS CITY-57-ZP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 changed, or on an attachment with all other like empowered.

SIGNATURE:

RIGHATURE AND TYPED OR FINITED NAME OF SIGNING OF SICER OR DIRECTOR

0 850-878-7007