

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N33845**

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



**Principal Place of Business  
5432 PINDERTON WAY  
TALLAHASSEE, FL 32317 US**

**Mailing Address  
5432 PINDERTON WAY  
TALLAHASSEE, FL 32317 US**



01112008 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3025458**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**6. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐ **\$5.00 May Be  
Added to Fees**

**000000787834  
01/18/08-80016-010 61.25**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME CHOWN, CRAIG  
STREET ADDRESS 5415 ASHTON CT  
CITY-ST-ZIP TALLAHASSEE, FL 32317**

**TITLE TD  
NAME DULEY, RICHARD  
STREET ADDRESS 5432 PINDERTON WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32317**

**TITLE VD  
NAME SIRIANNI, GEORGE  
STREET ADDRESS 5402 ASHTON COURT  
CITY-ST-ZIP TALLAHASSEE, FL 32317**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Richard Duley*

**RICHARD DULEY**

**1-15-08 850-878-7007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #