

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 23 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N38436

1. Entity Name  
PECAN GROVE TOWNHOMES HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business  
4178 APALACHEE PKWY  
TALLAHASSEE, FL 32311

Mailing Address  
4178 APALACHEE PKWY  
TALLAHASSEE, FL 32311



04162004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETRANDIS, JOHNNY  
4178 APALACHEE PKWY  
TALLAHASSEE, FL 32311

**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]*

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
DPS  
PETRANDIS, JOHNNY  
STREET ADDRESS  
4178 APALACHEE PKWY  
CITY-ST-ZIP  
TALLAHASSEE, FL 32311

TITLE  
NAME  
DVP  
TILLER, THOMAS R  
STREET ADDRESS  
RT. 1, BOX 1465  
CITY-ST-ZIP  
HAVANA, FL 32333

TITLE  
NAME  
D  
TILLER, RON  
STREET ADDRESS  
RT. 1, BOX 14  
CITY-ST-ZIP  
HAVANNA, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500033994045  
04/27/04--01011--013 \*\*61.25

*Bul/23*

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 617, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04

Date

850-656-2777

Daytime Phone #