


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N38436</b> 1. Entity Name <b>PECAN GROVE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4178 APALACHEE PKWY TALLAHASSEE, FL 32311</b>	Mailing Address <b>4178 APALACHEE PKWY TALLAHASSEE, FL 32311</b>
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07272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PETRANDIS, JOHNNY 4178 APALACHEE PKWY TALLAHASSEE, FL 32311</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-stating) DATE

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PETRANDIS, JOHNNY 4178 APALACHEE PKWY TALLAHASSEE, FL 32311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP TILLER, THOMAS R RT. 1, BOX 1465 HAVANA, FL 32333</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TILLER, RON RT. 1, BOX 14 HAVANNA, FL 32333</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000375393 08/02/05-80004-011 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **JOHNNY PETRANDIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **7-28-05** Daytime Phone #