

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 12 1997 8:00am
Secretary of State

DOCUMENT # **N39709** (3)
1. Corporation Name
TREDINGTON PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
4500 SHANNON LAKES PLAZA
UNIT 1 BOX 112
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1990		3a. Date of Last Report 07/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3025883		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBBS, ROGER D.
2995 KERRY FOREST PKWY
SUITE A-2
TALLAHASSEE FL 32308

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASHLEY, TOM	1.2 NAME	
STREET ADDRESS	2956 COMPTON WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CICHETTI, PAM	2.2 NAME	VD
STREET ADDRESS	2947 N. UMBERLAND DRIVE	2.3 STREET ADDRESS	NIMMONS, BILL
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	2945 N. UMBERLAND
TITLE	SD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HETHERINGTON, KELLY	3.2 NAME	TALLAHASSEE, FL 32308
STREET ADDRESS	2983 N. UMBERLAND DRIVE	3.3 STREET ADDRESS	SD
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	GATZLAFF, KATHY
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORDEN, SUE	4.2 NAME	
STREET ADDRESS	2951 NORTH UMBERLAND	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE:

[Signature]

9/9/97

893-2839

CR2E037 (4/97)