FILE NOW: FILING FEE IS $61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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	4500 SHANNON LAKES PLAZA UNIT 1 BOX 112 TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 08/28/1990

4. FEI Number: 59-3025883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: THERIAQUE, DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 909 EAST PARK AVENUE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: David A. Theriaque — DAVID A. THERIAQUE — 5/14/98
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	BROYLES, SAM	
STREET ADDRESS	2956 COMPTON WAY		1.3 STREET ADDRESS	2926 N. UMBERLAND	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NIMMONS, BILL		2.2 NAME		
STREET ADDRESS	2995 N UMBERLAND		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GATZLAFF, KATHY		3.2 NAME	ASHLEY, TOM	
STREET ADDRESS	2939 N UMBERLAND		3.3 STREET ADDRESS	2956 COMPTON WAY	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	TALLAHASSEE FL	
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	100002540271	
STREET ADDRESS			6.3 STREET ADDRESS	-05/29/98--01011--011	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (10/97)

14. 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 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: Susan K. Morden — 3/4/98 — 893-2839