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☐ Change · ☐ Addition

TREDINGTON PARK HOMEOWNERS ASSOCIATION, INC.					Secretary of State 04-26-2000 90083 003 ****61.25			
Principal Place	of Business	Malling Address			04-26-2000 900	83 003 ****	61.25	
2944 CONPTON TALLAHASSEE F US		2944 CONPTON WAY TALLAHASSEE FL 32308-6814 US						
		 	·					
2. Principal Place of Business 3. Mailing Address 3.972 COMPTON COURT 3.972 COMPTON CT.							141441441	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		DO NOT WRITE IN THIS SPACE			
City & State		TAUAHASSE, FLORICA		4. FEI Numbe	FEI Number Applied For Not Applied For Not Applied For			
7in	Country	Zip 32308	Country U.S.F	5. Certificate	of Status Desired	\$8.75 Addi	itlonal	
32308 USA 32308 USA 6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
KENNY, ROGER				Street Address (P.O. Box Mumber is Not Acceptable)				
2944 COMPTON WAY						<u> </u>		
TALLAHAS	SEE FL 32301		City .	TALLAHASSOL	7. F	. Zip Code	32308	
8. The above	named entity submits this statement for	r the purpose of changing its re					Jerie	
	ŕ		1.6 4	,			1	
SIGNATURE ART LOPEZ ITS				Joses	yez /-30-00			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signet	ure required witch reinstating)	DATE	:		
FILE NOW: 9. Election Campaign Fir FEE IS \$61.25				\$5.00 May Be Added to Fees	OO May Be Make Check Payable to Department of State			
10.	OFFICERS AND DI		11.		ANGES TO OFFICERS AND	DIRECTORS IN		
TITLE NAME	DP CICCHETTI, PAM	Delete	title Name	President GEORGE Guilfo	id D	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2947 N UMBERLAND		STREET ADDRESS CITY-ST-ZIP	2991 COMPTON TAHAHASSEE FL				
TITLE	TALLAHASSEE FL 32308	Delete	TITLE	VICE Preside	Nt D	☐ Change	Addition	
NAME	GUILFORD, MARGARET		NAME STOCKT ADDOCTOR	MARK Fist	berland drive			
STREET ADDRESS CITY-ST-ZIP	2991 COMPTON WAY TALLAHASSEE FL 32308		STREET ADDRESS CITY-ST-ZIP	Tallahassee,	FL 32308		Į	
TITLE	TO	Delete	TITLE	TREASURER		Change	Addition	
NAME STREET ADDRESS	KENNY, ROGER 2944 COMPTON WAY		NAME STREET ADDRESS	2972 COMPAN	a court		}	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	Tallahossee, FL	32308			
TITLE		☐ Delets	TITLE	Architectura Gordon Bra	ו אני) Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	2986 N. Um.	berland Drive	,		
CITY-ST-ZIP			CITY-\$T-ZIP	Tallahassee,	FL 32308			
TITLE		☐ Delete	TITLE	dimente Cocco		- 🔲 Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	2979 N. UMB	erland Drive		}	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahasse	e, FL 32368			

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.

STREET AODRESS CITY-\$T-ZIP

TITLE NAME

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-26-00 893-2447