

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)



NONPROFIT CORPORATION
 ANNUAL REPORT
 1996

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

DOCUMENT # N40255 (4)
 1. Corporation Name
PEDRICK CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
5477 PEDRICK CROSSING DR TALLAHASSEE FL 32311 **5477 PEDRICK CROSSING DR TALLAHASSEE FL 32311**

3. Date Incorporated or Qualified **10/08/1990** 3a. Date of Last Report **08/09/1995**
 4. FEI Number **59-3137310** 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
HORTON, MALINDA
5477 PEDRICK CROSSING DR
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent
 81 Name **Pamela H. Martinez VD**
 82 Street Address (R.F. Box Number is Not Acceptable) **5517 Pedrick Crossing Dr.**
 83 ~~Street Address~~
 84 City **Tallahassee** FL 85 Zip Code **32311**

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 *Pamela H. Martinez VD* DATE **July 26, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HORTON, MALINDA	
STREET ADDRESS	5477 PEDRICK CROSSING DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLEN, DAN	
STREET ADDRESS	5381 PEDRICK CROSSING DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, FREDDY	
STREET ADDRESS	5517 PEDRICK CROSSING DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, LISA	
STREET ADDRESS	5381 PEDRICK CROSSING DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ALLEN, DAN	
13 STREET ADDRESS	5381 Pedrick Crossing Dr	
14 CITY-ST-ZIP	TALLAHASSEE FL 32311	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARTINEZ, PAMELA	
23 STREET ADDRESS	5517 PEDRICK CROSSING DR	
24 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	NO CHANGE	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Thrascher, Laura	
43 STREET ADDRESS	5493 Pedrick Crossing Dr.	
44 CITY-ST-ZIP	Tallahassee, Fla. 32311	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	000001912420	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-08/05/96--01032-000 033	
63 STREET ADDRESS	***61.25	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Pamela H. Martinez VD* DATE: **7-24-96** DAYTIME PHONE: **878-1111**

CR2E037 (3/96)