

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90408 014 ****61.25

DOCUMENT # N40255

1. Entity Name

PEDRICK CROSSING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**5422 PEDRICK CROSSING DR
 TALLAHASSEE FL 32311
 US**

Mailing Address

**5422 PEDRICK CROSSING DR
 TALLAHASSEE FL 32311
 US**

00025557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3137310

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, PAMELA H
 5517 PEDRICK CROSSING DRIVE
 TALLAHASSEE FL 32311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
PD MORDELL, SCOTT
 STREET ADDRESS **5414 PEDRICK CROSSING DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE NAME Change Addition
PD Morrell Scott
 STREET ADDRESS **5414 Pedrick Crossing Dr.**
 CITY-ST-ZIP **Tallahassee FL 32311**

TITLE NAME Delete
SD RANDOLPH, DONNA
 STREET ADDRESS **5498 PEDRICK CROSSING DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE NAME Change Addition
S Lisa Shuman
 STREET ADDRESS **5391 Pedrick Crossing Dr.**
 CITY-ST-ZIP **Tallahassee FL 32311**

TITLE NAME Delete
VD MARTINEZ, JOSE
 STREET ADDRESS **5517 PEDRICK CROSSING DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE NAME Change Addition

TITLE NAME Delete
SD MARTINEZ, PAMELA
 STREET ADDRESS **5517 PEDRICK CROSSING DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE NAME Change Addition
T Hope Williams
 STREET ADDRESS **5422 Pedrick Crossing Dr.**
 CITY-ST-ZIP **Tallahassee FL 32311**

TITLE NAME Delete
BM SIMMONDS, AVOS
 STREET ADDRESS **5446 PEDRICK CROSSING DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE NAME Change Addition
Janet Long
 STREET ADDRESS **5406 Pedrick Crossing Dr.**
 CITY-ST-ZIP **Tallahassee FL 32311**

TITLE NAME Delete

TITLE NAME Change Addition

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: *Leann O'Ware* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

850-878-1936

Daytime Phone #

CR2E037 (10/00)