

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90050 012 \*\*\*\*61.25

**DOCUMENT # N40255**

1. Entity Name

**PEDRICK CROSSING HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5422 PEDRICK CROSSING DR  
TALLAHASSEE FL 32311  
US

5422 PEDRICK CROSSING DR  
TALLAHASSEE FL 32311  
US

2. Principal Place of Business

5478 Pedrick Crossing Dr.

3. Mailing Address

5478 Pedrick Crossing Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

32317

Zip

Country

32317

4. FEI Number

59-3137310

Applied For

☒ Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 PD ☐ Delete  
NAME MOREEL, SCOTT  
STREET ADDRESS 5414 PEDRICK CROSSING DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE PD ☒ Change ☐ Addition  
NAME MARTINEZ, JOSE  
STREET ADDRESS 5517 Pedrick Crossing Dr.  
CITY-ST-ZIP Tallahassee, FL 32317

TITLE S ☐ Delete  
NAME SHUMAN, LISA  
STREET ADDRESS 5391 PEDRICK CROSSING DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE S ☒ Change ☐ Addition  
NAME MARTINEZ, PAMELA H.  
STREET ADDRESS 5517 Pedrick Crossing Dr.  
CITY-ST-ZIP Tallahassee, FL 32317

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

TITLE VD ☒ Change ☐ Addition  
NAME DIXON, MELODY  
STREET ADDRESS 5493 Pedrick Crossing Dr.  
CITY-ST-ZIP Tallahassee, FL 32317

TITLE T ☐ Delete  
NAME WILLIAMS, HOPE  
STREET ADDRESS 5422 PEDRICK CROSSING DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE T ☒ Change ☐ Addition  
NAME STONE, ALVA T.  
STREET ADDRESS 5478 Pedrick Crossing Dr.  
CITY-ST-ZIP Tallahassee, FL 32317

TITLE BM ☐ Delete  
NAME LONG, JANET  
STREET ADDRESS 5406 PEDRICK CROSSING DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE BM ☒ Change ☐ Addition  
NAME TWOGOOD, VICKI  
STREET ADDRESS 5438 Pedrick Crossing Dr.  
CITY-ST-ZIP Tallahassee, FL 32317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Alva T. Stone* REQUIRE Alva T. Stone 9-4-02 850-644-2881

CR2E037 (4/02)