## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N40255

FILED Jul 12, 2005 Secretary of State

Entity Name: PEDRICK CROSSING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5478 PEDRICK CROSSING DR 5517 PEDRICK CROSSING DR TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 **Current Mailing Address: New Mailing Address:** 5478 PEDRICK CROSSING DR 5517 PEDRICK CROSSING DR TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 US FEI Number: 59-3137310 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, PAMELA H 5517 PEDRÍCK CROSSING DRIVE TALLAHASSEE, FL 32317 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: PAMELA H. MARTINEZ Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARTINEZ, JOSE Name: Name: 5517 PEDRICK CROSSING DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MARTINEZ, PAMELA H Name: Name: Address: 5517 PEDRICK CROSSING DR Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: VD. () Delete Title: () Change () Addition DIXON, MELODY Name: Name: 5493 PEDRICK CROSSING DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition Name: STONE, ALVA T Name: MARTINEZ, PAMELA H 5478 PEDRICK CROSSING DR 5517 PEDRICK CROSSING DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32317 Title: BM () Delete Title: (X) Change ( ) Addition LONG, JANET BRUCE, RANDALL Name: Name: 5406 PEDRICK CROSSING DR 5414 PEDRICK CROSSING DR Address: Address: TALLAHASSEE, FL 32317 City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA H. MARTINEZ S/T 07/12/2005