

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40255

FILED
May 15, 2006
Secretary of State

Entity Name: PEDRICK CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5517 PEDRICK CROSSING DR
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

5517 PEDRICK CROSSING DR
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3137310 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTINEZ, PAMELA H
5517 PEDRICK CROSSING DRIVE
TALLAHASSEE, FL 32317 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, JOSE
Address: 5517 PEDRICK CROSSING DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: S () Delete
Name: MARTINEZ, PAMELA H
Address: 5517 PEDRICK CROSSING DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD () Delete
Name: DIXON, MELODY
Address: 5493 PEDRICK CROSSING DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: T () Delete
Name: MARTINEZ, PAMELA H
Address: 5517 PEDRICK CROSSING DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: BM () Delete
Name: BRUCE, RANDALL
Address: 5414 PEDRICK CROSSING DR
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

T

05/15/2006

Electronic Signature of Signing Officer or Director

Date