

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40255

FILED  
Apr 14, 2008  
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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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 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

04/14/2008

Electronic Signature of Signing Officer or Director

Date