


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

0002235

09-08-2003 90319 030 ****61.25

DOCUMENT # N40255
1. Entity Name
PEDRICK CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
5478 PEDRICK CROSSING DR 5478 PEDRICK CROSSING DR
TALLAHASSEE FL 32317 TALLAHASSEE FL 32317
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-3137310** Applied For
Not Applicable
5. Certificate of Status Desired - \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MARTINEZ, PAMELA H
5517 PEDRICK CROSSING DRIVE
TALLAHASSEE FL 32311 32317

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **32317**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE	
STREET ADDRESS	5517 PEDRICK CROSSING DR	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ, PAMELA H	
STREET ADDRESS	5517 PEDRICK CROSSING DR	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIXON, MELODY	
STREET ADDRESS	5493 PEDRICK CROSSING DR	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	T	<input type="checkbox"/> Delete
NAME	STONE, ALVA T	
STREET ADDRESS	5478 PEDRICK CROSSING DR	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	TWOGOOD, VICKI	
STREET ADDRESS	5498 PEDRICK CROSSING DR	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, JANET	
STREET ADDRESS	5406 PEDRICK CROSSING DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** Stone 9-5-03 850-644-2881

CR2E037 (4/03)