

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40256 (2)
1. Corporation Name
PEDRICK PLANTATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O PAUL BROWN
5538 PEDRICK PLANTATION CIRCLE
TALLAHASSEE FL 32311

3. Date incorporated or Qualified **10/08/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3125878** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MEINTJIES, BRUCE E.
5530 PEDRICK PLANTATION CIRCLE
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent
81 Name **Paul N. Brown**
82 Street Address (P.O. Box Number is Not Acceptable) **5538 Pedrick Plantation Cir.**
83
84 City **Tallahassee** 85 Zip Code **FL 32311**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Paul N. Brown*
Signature of Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEINTJIES, BRUCE E.	
STREET ADDRESS	5530 PEDRICK PLANTATION CIR.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, DR. JAMES	
STREET ADDRESS	5578 PEDRICK PLANTATION CIR	
CITY - ST - ZIP	TALLAHASSEE FL 32311	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BROWN, PAUL N.	
STREET ADDRESS	5538 PEDRICK PLANTATION CIR.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Randolph Esser	
13 STREET ADDRESS	5594 Pedrick Plantation Cir	
14 CITY - ST - ZIP	Tallahassee, FL 32311	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Lisa Spainhour	
43 STREET ADDRESS	5603 Pedrick Plantation Cir	
44 CITY - ST - ZIP	Tallahassee, FL 32311	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul N. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 904-224-2727
DATE DAYTIME PHONE #

CR2E037 (12/95)