

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

FILED

**Jul 30 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40256 (2)
 1. Corporation Name
PEDRICK PLANTATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O PAUL BROWN 5538 PEDRICK PLANTATION CIRCLE TALLAHASSEE FL 32311	Mailing Address C/O PAUL BROWN 5538 PEDRICK PLANTATION CIRCLE TALLAHASSEE FL 32311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 10/08/1990	3a. Date of Last Report 04/02/1996
4. FEI Number 59-3125878	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BROWN, PAUL N
 5538 PEDRICK PLANTATION CIRCLE
 TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESSER, RANDOLPH	
STREET ADDRESS	5594 PEDRICK PLANTATION CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, DR. JAMES	
STREET ADDRESS	5578 PEDRICK PLANTATION CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, PAUL N.	
STREET ADDRESS	5538 PEDRICK PLANTATION CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPAINHOUR, LISA	
STREET ADDRESS	5603 PEDRICK PLANTATION CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>VD Hale, John</i>
2.3 STREET ADDRESS	<i>5531 Pedrick Plantation Cir.</i>
2.4 CITY-ST-ZIP	<i>Tallahassee, FL 32311</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>SD Brown, Rita</i>
4.3 STREET ADDRESS	<i>5578 Pedrick Plantation Cir</i>
4.4 CITY-ST-ZIP	<i>Tallahassee, FL 32311</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____ 7/29/97

CF2E037 (4/97)