## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	N40256	3
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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

## FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90045 005 \*\*\*\*61.25

<del></del> -	lace of Business 2a. Mailing Address				3. Date incorporated or Qualifed 10/08/1990							
21	<u> </u>	26			4. FEI Number	<i>.</i>	<u>-</u>	App	lied For			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-312587	8		_ <del></del>	Applicable			
City & State	9	City & State				5. Certifcate of S	Status Desired		\$8.75 A			
23	Country	Zip Country				6 Glactica Com	naign Einancing		\$5.00	tou Bo		
— Zip ──┐		<b>├</b> ── `	├─ <sup>─</sup>				6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F					
24	25 29 30							ddress of New Re	egistered A			
	9. Name and Address of Current	Registere	a Agent		81	Name	iv. Hallie allu A	DUI COS OI I TOW I TO	ogisto. co z	180111		
•					or rame							
BROWN, F	PAUL N			Ţ	82 Street Address (P.O. Box Number is Not Acceptable)							
5538 PEDRICK PLANTATION CIRCLE												
	SSEE FL 32311				83							
I WER A IN GOOTE ( F. OFFOL)				[	84	City	City FL 85 Zip Code					
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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				To Dominion 1	·	signature required	when religions)		DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	ugent	signature required		HANGES TO OFF		DIRECTOR	RS IN 12	
		DINECTO	DELETE	1.1 TITI	E	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Change	Addition	
TILE !	PD					ļ					_	
NAME	ESSER, RANDOLPH			1.2 NA		•						
STREET ADDRESS	5594 PEDRICK PLANTATION CIF	ICLE		1.3 STF	REET	ADDRESS					ł	
CITY-ST-ZIP	TALLAHASSEE FL 32311			1.4 CIT	Y-ST-	ZIP						
TITLE	VD -		☐ DEFELE	2.1 TITI	LE	1	•			Change	Addition	
NAME	HALE, JOHN			2.2 NA	ME	ŀ					Í	
STREET ADDRESS	5531 PEDRICK PLANTATION CIF	} .	-	2.3 STF	REET	ADDRESS -		÷				
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CIT	Y-ST	- ZIP						
TITLE	TD		☐ DELETE	3.1 TIT	LE					Change	☐ Addition	
NAME	BROWN, PAUL N.			3.2 NA	ΜE							
STREET ADDRESS	5538 PEDRICK PLANTATION CIF	ì		3.3 STF	REET	ADDRESS						
	TALLAHASSEE FL	1.		3.4. CI	ry-ST	- 7IP					\	
CITY-ST-ZIP TITLE	SD	_	☐ DELETE	4.1 TIT						Change	Addition	
NAME	BROWN, RITA			4. 2 NA								
		,				ADDRESS					,	
STREET ADDRESS		'		4.4 CIT					•		ľ	
CITY-ST-ZIP	TALLAHASSEE FL		DELETE	5.1 TIT		-25				Change	Addition	
TITLE			OLLETC	5.2 NA						_ ,	_	
NAME STREET ADDRESS				1		ADDRESS					į	
CITY-ST-ZIP				5.4 CIT	Y-ST	-ZIP					]	
TITLE	Array 1978		☐ DELETE	6.1 TIT	LE			·-· ·		Change	☐ Addition	
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	St. July		•	6.3 ST	, RÉET.	ADDRESS						
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CITY-ST-ZIP			<del> </del>	0.4 (11	1-01	-24		Elevido Statutos I	forth an age	if the the i	formation	

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 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

4/27/99 850-224-2727 Daytime Phone #