

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90111 045 ****61.25

DOCUMENT # N40256

1. Entity Name

PEDRICK PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PAUL BROWN
 5538 PEDRICK PLANTATION CIRCLE
 TALLAHASSEE FL 32311

C/O PAUL BROWN
 5538 PEDRICK PLANTATION CIRCLE
 TALLAHASSEE FL 32311-8203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3125878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, PAUL N
5538 PEDRICK PLANTATION CIRCLE
TALLAHASSEE FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: ESSER, RANDOLPH Delete
 STREET ADDRESS: 5594 PEDRICK PLANTATION CIRCLE
 CITY-ST-ZIP: TALLAHASSEE FL 32311

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: VD
 NAME: HALE, JOHN Delete
 STREET ADDRESS: 5531 PEDRICK PLANTATION CIR
 CITY-ST-ZIP: TALLAHASSEE FL

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: TD
 NAME: BROWN, PAUL N. Delete
 STREET ADDRESS: 5538 PEDRICK PLANTATION CIR.
 CITY-ST-ZIP: TALLAHASSEE FL

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: SD Delete
 NAME: BROWN, RITA
 STREET ADDRESS: 5578 PEDRICK PLANTATION CIR
 CITY-ST-ZIP: TALLAHASSEE FL

TITLE: SD Change Addition
 NAME: Lisa Spinhow
 STREET ADDRESS: 5603 Pedrick Plantation Cir
 CITY-ST-ZIP: Tallahassee, FL 32311

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change 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: _____

SIGNATURE REQUIRED

5/1/00

850-224-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #