

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90010 021 \*\*\*\*61.25

**DOCUMENT # N40256**

1. Entity 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**

**54066209**



|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 07022004 Chg-NP CR2E037 (10/03)   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number<br><b>59-3125878</b>  |  |
| City & State                   |         | City & State        |         | Applied For<br>Not Applicable   |  |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|   |  |  |  |  |  |    |          |
|---|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent        |  |  |    |          |
| <b>BROWN, PAUL N</b><br><b>5538 PEDRICK PLANTATION CIRCLE</b><br><b>TALLAHASSEE, FL 32311</b> |  |  | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by September 8, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                              |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
|---|---|--|---|---|--|
| TITLE<br><b>PD</b>                                      | NAME<br><b>HALE, JOHN</b>                   | <input checked="" type="checkbox"/> Delete | TITLE<br><b>PD</b>                                    | NAME<br><b>James Brown</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>5531 PEDRICK PLANTATION CIR</b>    | CITY-ST-ZIP<br><b>TALLAHASSEE, FL</b>       |  | STREET ADDRESS<br><b>5578 Pedrick Plantation Cir</b>  | CITY-ST-ZIP<br><b>Tallahassee, FL 32317</b> |  |
| TITLE<br><b>TD</b>                                      | NAME<br><b>BROWN, PAUL N.</b>               | <input type="checkbox"/> Delete            | TITLE<br><b>VPD</b>                                   | NAME<br><b>Carol Bankirer</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>5538 PEDRICK PLANTATION CIR.</b>   | CITY-ST-ZIP<br><b>TALLAHASSEE, FL</b>       |  | STREET ADDRESS<br><b>5562 Pedrick Plantation Cir</b>  | CITY-ST-ZIP<br><b>Tallahassee, FL 32317</b> |  |
| TITLE<br><b>SD</b>                                      | NAME<br><b>SPAINHOUR, LISA</b>              | <input type="checkbox"/> Delete            | TITLE<br><b></b>                                      | NAME<br><b></b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>5603 PEDRICK PLANTATION CIRCLE</b> | CITY-ST-ZIP<br><b>TALLAHASSEE, FL 32311</b> |  | STREET ADDRESS<br><b></b>                             | CITY-ST-ZIP<br><b></b>                      |  |
| TITLE<br><b></b>  | NAME<br><b></b>                             | <input type="checkbox"/> Delete            | TITLE<br><b></b>                                      | NAME<br><b></b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b></b>                               | CITY-ST-ZIP<br><b></b>                      |  | STREET ADDRESS<br><b></b>                             | CITY-ST-ZIP<br><b></b>                      |  |
| TITLE<br><b></b>  | NAME<br><b></b>                             | <input type="checkbox"/> Delete            | TITLE<br><b></b>                                      | NAME<br><b></b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b></b>                               | CITY-ST-ZIP<br><b></b>                      |  | STREET ADDRESS<br><b></b>                             | CITY-ST-ZIP<br><b></b>                      |  |

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:** Paul N. Brown **7/2/04** **224-2727**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #