


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90030 041 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3125878	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARBAR, ELIZABETH	NAME			
STREET ADDRESS	5522 PEDRICK PLANTATION CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, PAUL N.	NAME			
STREET ADDRESS	5538 PEDRICK PLANTATION CIR.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARBER, BRIAN	NAME			
STREET ADDRESS	5522 PEDRICK PLANTATION CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BANKIRER, CAROL	NAME	SD Jay Young		
STREET ADDRESS	5562 PEDRICK PLANTATION CIR	STREET ADDRESS	5530 Pedrick Plantation Cir.		
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	Tallahassee, FL 32317		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONEY, MIKE	NAME			
STREET ADDRESS	5547 PEDRICK PLANTATION CIR	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Paul N Brown</i></u>		Date: <u>7/11/08</u>		Daytime Phone #: <u>850-224-2722</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	