


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 019 ****61.25

DOCUMENT # N93000004953

1. Entity Name
PINE MEADOWS OF TALLAHASSEE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 1815 MICCOSUKEE COMMONS DR
 104
 TALLAHASSEE, FL 32308 US

Mailing Address
 PO BOX 14019
 TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #
3968 N. Monroe St.

3. Mailing Address
P.O. Box 180657

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL


Zip
32303

Country
USA

Zip
32318

Country
USA

401000



07062007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3259559

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAUGHTRY, TAMMY S
 1815 MICCOSUKEE COMMONS DR
 SUITE 104
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
LeAnn Sbordone

Street Address (P.O. Box Number is Not Acceptable)
Homeowners Association Services
3968 N. Monroe St.

City
Tallahassee

FL

Zip Code
32303

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 LeAnn Sbordone LeAnn Sbordone Manager 8-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BUJAK, LISA 8406 PINE CONE RD TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAHAM, PAM 8412 PINE CONE RD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLIGER, ELLEN 3552 LOUVINIA DR TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete WILLIAMS, ANGELA 3515 BLUE SPRUCE TALLAHASSEE, FL 32311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STRICKLAND, FRANCIS 8431 PINE CONE RD TALLAHASSEE, FL 32311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LeAnn Sbordone LeAnn Sbordone Manager 8-1-07 850-562-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #