FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

FILED Mar 19 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** N94000003612 (8)

1. Corporation Name				
EASTWOOD OF TALLAHASSEE HOMEOWNERS' ASSOCIATION, INC.				
Principal Plac	e of Business	Mailing Address		, 16214191 Bin (ein) ginn gant geftt gene obul genet rigte blibt hibid tibt iedt
		1176 CAPITAL CIRCLE SE TALLAHASSEE FL 32301 US		\$. Date Incorporated or Qualified 07/22/1994 4. FEI Number Applied For
9 Principal D	lace of Business	2a. Mailing Address		NOT APPLICABLE Not Applicable
21 21	IBCE OF DOSITIESS	26 Walling Address		Certificate of Status Desired Section
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing\$5.00 May Be
City & State		City & State		Trust Fund Contribution Added to Fees
23	•	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25		30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent
DETRALIDIC HAMAY C				
PETRANDIS, JIMMY G 1174 CAPITAL CIRCLE, S.E.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301			63	
			84 City	■■ 85 Zip Code
			"	┡┺┤┤
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.				
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flo	rida Statutes.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE	Signature, typed or printed name of registered age	nt and title if anylicable (NOTE	: Registered Agent eignature red	outred when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PETRANDIS, JOHNNY G		1.2 NAME	·
STREET ADDRESS	1174 CAPITAL CIRCLE, S.E.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY+ST-ZIP	
TITLE	STD SETDANDIC MANY O	☐ DELETÉ	2.1 TITLE	☐ Change ☐ Addition
NAME	PETRANDIS, JIMMY G 1174 CAPITAL CIRCLE, S.E.		2.2 NAME	·
STREET ADDRESS	TALLAHASSEE FL 32301		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME	PETRANDIS, PENNY		3.2 NAME	
STREET ADDRESS	1174 CAPITAL CIRCLE, S.E.		3.3 STREET ADDRESS	•
CITY-\$1-2IP	TALLAHASSEE FL 32301		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	-
CITY - ST - ZIP	<u></u>		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME etect addeced			5.2 NAME	·
STREET ADDRESS			5.8 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 T/TLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			8.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE: