

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005246 (3)

1. Corporation Name

PINECREST HOMEOWNERS ASSOCIATION OF TALLAHASSEE,
INC.



Principal Place of Business

Mailing Address

~~2517 MAR CT~~ 2529 MAR Court 1801 BITTER ROOT TRAIL
TALLAHASSEE FL 32301 TALLAHASSEE FL 32312

3. Date Incorporated or Qualified
10/21/1994

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21 2529 MAR COURT

26 1801 BITTER ROOT TR

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RALEY, JOAN H
1801 BITTER ROOT TRAIL
TALLAHASSEE FL 32312

81 Name

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

1801 BITTER ROOT TRAIL

83

84 City TALLA

FL

85 Zip Code

32312

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
JOAN H. RALEY
STREET ADDRESS 1801 BITTER ROOT TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ DELETE

NAME VPD
CINDY SKELTON
STREET ADDRESS 3405 MONITOR LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ DELETE

NAME SD
CANDICE CURENTON
STREET ADDRESS 2517 MAR CT
CITY-ST-ZIP THL FL 32301

TITLE ☐ DELETE

NAME TD
ROBT COGGINS
STREET ADDRESS 2920 BRANDELLERE
CITY-ST-ZIP TALLA, FL 32312

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPD CANDICE CURENTON

2.3 STREET ADDRESS 2517 MAR CT.

2.4 CITY-ST-ZIP TALLA, FL 32301

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SD LINDA JOHNSON

3.3 STREET ADDRESS 2529 MAR CT.

3.4 CITY-ST-ZIP TALLA, FL 32301

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/96

(904) 599-1950

CR2E037 (12/95)