FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400005246 (3)
1. Corporation Name

PINECREST HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Principal Place of Business Ma

Mailing Address



2517 MAR CT. 2529 Mar Court 1801 BITTER TALLAHASSEE FL 32301 TALLAHASSE			
		3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last Report 07/27/1995
2. Principal Place of Business 2a. Mailing Add	ress a	4. FEI Number	Applied For
21 2529 Mar Court 26 1801		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc. Suite, Apt. 22		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State	9 - 4	6. Election Campaign Financing	\$5.00 May Be
23 TOUA. FI. 28 TOU	D. FL	Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24 32301 25 29 323	12 30		Yes No
 Name and Address of Current Registered Agen 		10. Name and Address of New Re	gistered Agent
81 Name			
RALEY, JOAN H 1801 BITTER ROOT TRAIL 82 STIPP ACCIPUSE FO. Box Number is Not Acceptable) 1801 BITTER ROOT TRAIL			
TALLAHASSEE FL 32312			
(ALLAINGOCE TE SESTE			1-1 7 0 4
	84 City-1	$M \cap \Delta$	FL 85 Zip Code 323/2
11. Pursuant to the previsions of Sections 617,0502 and 617,1508, Flori	da Statutes, the above-named corpo	pration submits this statement for the purp	ose of changing its registered office
or registered agent, or both, in the State of Florida. Such change wa	s authorized by the corporation's boa	ard of directors. I hereby accept the appoi	ntglent as registered agent. I am
11. Pursuant to the previsions 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, Seption 617,0503; Florida Statutes.			
SIGNATURE Signature, typed by principer name for registered agant and title if applicable	(NOTE: Registered Agent signature requir	ed when reinstating)	DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE PD 🗆	ELETE 1.1 TITLE		Change Addition
NAME JOAN H. RALEY	1.2 NAME		
STREET ADDRESS 1801 BITTER ROOT TRAIL	1.3 STREET ADDRESS		
DITY-ST-71P TALLAHASSEE FL 32312	1.4 CITY - ST - ZIP		
TITLE VPD (XI)	ELETE 21 TITLE VPD	CANDICE CURENT	hange Addition
CINDY SKELTON	V 1	2517 MAR UT.	
STREET ADDRESS 3405 MONITOR LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL 32312	2 4 CITY - ST - ZIP	TALLA, F1. 32301	/ _
TITLE SD (VI)			7 34
NAME CANDICE CURENTON		LINDA JOHNSON	11/
STREET ADDRESS 2517 MAR CT	3.3 STREET ADDRESS	asog mar ca.	
CITY-ST-ZIP THL FL 32301	3.4. CITY-ST-ZIP	asog MAR CT. TOLLA, FI 3230	1
	ELETE 4.1 TITLE	7,77,77,000	Change Addition
NAME ROBT COGGINS	4 2 NAME		
STREET ADDRESS 2920 BRANDELLERE	4.3 STREET ADDRESS		
CITY-ST-ZIP TALLA. FL 32312	4.4 CITY - ST - ZIP		
	ELETE 51 TITLE		Change Addition
NAME	5.2 NAME		
STREET ADDRESS	5 3 STREET ADDRESS		
City-St-ZiP	5.4 CITY-ST-ZIP		Į
	ELETE 61 TITLE		Change Addition
NAME	6.2 NAME		
STREET ADDRESS	6 3 STREET ADDRESS		
CITY-SI-ZIP	6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of 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 12 or Block 13 if onlying the manual 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 of 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 12 or Block 13 if onlying the manual 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 of 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

SIGNATURE:

RE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(904) 599-1950 Dayting Prone 1 CR2E037 (12/9