


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90051 040 \*\*\*\*61.25

0008475

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|---|---|--|

**DOCUMENT # N95000001279**

1. Corporation Name

**TUNG AREA RESIDENTS ASSOCIATION, INC.**

Principal Place of Business

638 TUNG HILL DR  
TALLAHASSEE FL 32311  
US

Mailing Address

638 TUNG HILL DR  
TALLAHASSEE FL 32311  
US



|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified                       |
| 21                             | 26                  | 03/16/1995  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number   |
| 22                             | 27                  | 59-3392846  |
| City & State                   | City & State        | Applied For   |
| 23                             | 28                  | Not Applicable  |
| Zip                            | Country             | 5. Certificate of Status Desired                        |
| 24                             | 25                  | <input type="checkbox"/> \$8.75 Additional Fee Required |
|                                | 29                  | 6. Election Campaign Financing                          |
|                                | 30                  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |

9. Name and Address of Current Registered Agent

HAXBY, THOMAS S  
486 TUNG HILL DR  
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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.

SIGNATURE Thomas S. Haxby, Treasurer

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

SIGNATURE Thomas S. Haxby

(NOTE: Registered Agent signature required upon reinstating)

3/27/99

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARVEY, GEORGE                               | 1.2 NAME  |   |
| STREET ADDRESS             | 638 TUNG HILL DR.                            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL                               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COOKERLY, GLEN                               | 2.2 NAME  |   |
| STREET ADDRESS             | 941 TUNG HILL DR.                            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32311                         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MATLOCK, JOHN                                | 3.2 NAME  |   |
| STREET ADDRESS             | 675 TUNG HILL DR.                            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32311                         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HAXBY, TOM                                   | 4.2 NAME  |   |
| STREET ADDRESS             | 486 TUNG HILL DR.                            | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32311                         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WESTER, HERB                                 | 5.2 NAME  |   |
| STREET ADDRESS             | 599 TUNG HILL DR.                            | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL                               | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OUTLAND, JOHN                                | 6.2 NAME  |   |
| STREET ADDRESS             | 1562 TUNG HILL DR                            | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32311                         | 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas S. Haxby  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/99

Date

850-877-4370

Daytime Phone #

CR2E037 (11/98)