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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9600002614 (3)

TALLAHASSEE HAWKS LANDING HOMEOWNERS ASSOCIATION , INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address				r contiger of a folial print addit, agust abstractive profession in (6 at 1901 at 1911)				
3012 HAWKS LANDING DRIVE TALLAHASSEE FL 32308			3012 HAWKS LANDING DRIVE TALLAHASSEE FL 32308-7216							
							3. Date Incorporated or Qualified 05/16/1996	3a. Date	of Last R	eport
2. Principal P	lace of Busines	5	2a. Mailing Ad	ddress			4. FEI Number		Ar	plied For
21			26						LANC	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	Α		City & Sta	nte		·····	6. Election Campaign Financing			
23	·		28				Trust Fund Contribution	П	Added	May Be
Zip		Country	Zip		Country	·	8. This corporation has liability for	Intangible ta	·····	
24	25	, ·	29		30		Florida Statutes	Yes 🖳	No	. 100.00L,
	9. Name ar	d Address of Curren	t Registered Ager	nt	T		10. Name and Address of New Re	gistered Ag	ent	
					81	Name				
KRASLE'	Y. PAUL				82	Street Ade	dropp /B O. Boy Number is Not Assental	lo)	······································	
		g drive			02	Sileer Auc	Street Address (P.O. Box Number is Not Acceptable)			
3012 HAWKS LANDING DRIVE TALLAHASSEE FL 32308				83						
(/ CD # #	10022 / 2 021					65			I ===	0.4
					84	City		FL	85 Zip	Code
11. Pursuant	to the provision	is of Sections 617.050	2 and 617,1508. Fi	lorida Statut	es, the abov	e-named cor	rporation submits this statement for the c		hanoino i	ts registered
office or i	registered ager	t, or both, in the State	of Florida, Such of	hange was a	authorized b	y the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appoi	ntment as	registered
agent. i a	ını tamınar wim,	and accept the boliga	auons oi, secuon o							
					on our orange	u .				
SIGNATURE										
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		printed name of registered age	int and title if applicable. D DIRECTORS		E: Registered Ag		ulted when reinstating)	DATE CERS AND D	DIRECTOF	
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I furner 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.

SIGNATURE

INATURE AND TYPED OR PENTED HAME OF BIGNING OFFICER OR DIRECTOR

PRES. 2/20

aytime Phone # 0007932