

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90239 017 ****61.25

0063911

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001535

1. Corporation Name

TOKALON TERRACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

187 PINEDALE ROAD
FORT WALTON BEACH FL 32547

Mailing Address

187 PINEDALE ROAD
FORT WALTON BEACH FL 32547



2. Principal Place of Business

21 819 Pinedale Road

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Fort Walton Beach, FL

Zip

24 32547

Country

25 USA

2a. Mailing Address

26 819 Pinedale Road

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Fort Walton Beach, FL

Zip

29 32547

Country

30 USA

3. Date Incorporated or Qualified

03/13/1998

4. FEI Number

59-3500343

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

9. Name and Address of Current Registered Agent

BLAIR, LINDA D
187 PINEDALE ROAD
FORT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

Lowell C. Larson, Jr.

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

817 Pinedale Road

83

84 City

Fort Walton Beach

FL

85 Zip Code

32547

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

Lowell C. Larson, Jr.

2/18/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME LARSON, LOWELL C
STREET ADDRESS 187 PINEDALE ROAD
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE STD
NAME HENDERSON, BRENDA
STREET ADDRESS 187 PINEDALE ROAD
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D
NAME BLAIR, LINDA D
STREET ADDRESS 187 PINEDALE ROAD
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lowell C. Larson, Jr.

Date

Daytime Phone #

CR2E037 (11/98)