

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001535

FILED
Apr 27, 2004
Secretary of State

Entity Name: TOKALON TERRACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

819 PINEDALE ROAD
SUITE 200
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

996 ROCKPORT DR
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

819 PINEDALE ROAD
SUITE 200
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

996 ROCKPORT DR
FORT WALTON BEACH, FL 32547 US

FEI Number: 59-3500343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, BRENDA
819 PINEDALE ROAD
FORT WALTON BEACH, FL 32547

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAILEY, RONALD
Address: 998 ROCKPORT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: STD () Delete
Name: HENDERSON, BRENDA
Address: 819 PINEDALE ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: FAGNANO, REBEKKAH
Address: 819 PINEDALE ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: DOIRON-SMITH, AVA
Address: 996 ROCKPORT DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVA DOIRON-SMITH

STD

04/27/2004

Electronic Signature of Signing Officer or Director

Date