FILED
Jun 20, 2003 8:00 am
Secretary of State
04-30-2003 90136 042 ****61.25

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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001535

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

DO NOT WRITE IN THIS SPACE

55049246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
819 Pinedale Road	819 Pinedale Road
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Fort Walton Beach, FL	City & State: Fort Walton Beach, FL
Zip: 32547 Country: Okaloosa	Zip: 32547 Country: Okaloosa

4. FEI Number: 59-3500343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Brenda Henderson

Street Address (P.O. Box Number is Not Acceptable): 819 Pinedale Road

City: Fort Walton Beach FL Zip Code: 32547

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Brenda Henderson STD DATE: 5-1-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: Bailey, Ronald STREET ADDRESS: 998 Rockport Dr CITY-ST-ZIP: Fort Walton Beach, FL 32547	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: STD NAME: Henderson, Brenda STREET ADDRESS: 819 Pinedale Road CITY-ST-ZIP: Fort Walton Beach, FL 32547	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Fagnano, Rebekkah STREET ADDRESS: 819 Pinedale Road CITY-ST-ZIP: Fort Walton Beach, FL 32547	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
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CR2E078 (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Henderson Secretary Treasurer 4-25-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850-863-3242