

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 27 AM 10: 57

DOCUMENT # N99000003238

1. Entity Name
APALACHEE RIDGE ESTATES NEIGHBORHOOD
ASSOCIATION, INC.



Principal Place of Business
934 COCHRAN DR.
TALLAHASSEE, FL 32301

Mailing Address
P O BOX 5392
TALLAHASSEE, FL 32314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, ELTON E
806 APACHEE
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 ☐ Delete
NAME WEST, PERRY L
STREET ADDRESS 934 COCHRAN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VD ☐ Delete
NAME GENNIE, TONYA
STREET ADDRESS 2821 PONTIAC DR
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE S ☐ Delete
NAME JONES, ANNIE R
STREET ADDRESS 902 COCHRAN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE T ☐ Delete
NAME THOMAS, ELTON
STREET ADDRESS 806 APACHEE DR.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 900035732699
STREET ADDRESS 05/07/04--01015--020 **70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.27-04