

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # *N 99 000003238*

1. Entity Name

*Apalachee Ridge Estates
Neighborhood Association*



FILED

06 MAY -1 PM 12: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

937 Kendall Dr

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32301

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E037B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *ELTON E. THOMAS*

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

806 Apache

Tallahassee

City

FL

Zip Code

32301

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

Elton E. Thomas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-06

**FEE IS \$61.25
Initial or Amended AR**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

*President
Perry L West
934 Cochran Dr
Tallahassee, FL 32301*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Vice-President
Tanya Gennie
2821 Pontiac Drive
Tallahassee, FL 32301*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Secretary
Annie R. Jones
902 Cochran Dr
Tallahassee, FL 32301*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Treasurer
ELTON E. THOMAS
806 Apache
Tallahassee, FL 32301*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**300075376963
05/26/06--01047--002 **211.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elton E. Thomas

5-1-06

(850) 612-3935