

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08893 (2)
1. Corporation Name
ELYSIAN FOREST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 9981 ELSIAN CT. TALLAHASSEE FL 32311 US
Mailing Address: 3981 ELYSIAN CT TALLAHASSEE FL 32311-0705 US

3. Date Incorporated or Qualified: 04/23/1985
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business: 21 3982 Elysian Ct. Suite, Apt. #, etc. 22
2a. Mailing Address: 26 3982 Elysian Ct. Suite, Apt. #, etc. 27
City & State: 23 Tallahassee, Fl. 28
Zip: 24 32311 Country: 25 US 29 32311 30 US

4. FEI Number: 59-2839942 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DUBOIS, DAVID N.
3981 ELYSIAN CT
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent
81 Name: Thurber, Joan N.
82 Street Address (P.O. Box Number is Not Acceptable): 3982 Elysian Ct.
83
84 City: Tallahassee FL 85 Zip Code: 32311

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: Joan N. Thurber, Joan N. Thurber DATE: April 8, 1997

12. OFFICERS AND DIRECTORS

TITLE	PD D	<input checked="" type="checkbox"/> DELETE
NAME	DUBOIS, DAVID N.	
STREET ADDRESS	3981 ELYSIAN CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAKESTRAW, CAROLYN	
STREET ADDRESS	3946 ELYSIAN CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUBOIS, P JANE	
STREET ADDRESS	3981 ELYSIAN CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thurber, Joan N.	
1.3 STREET ADDRESS	3982 Elysian Ct.	
1.4 CITY-ST-ZIP	Tallahassee, Fl.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I do 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.

CR2E037 (9/96)

877-6373