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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N 08893

1. Corporation Name

Elysian Forest Homeowners Association

Principal Place of Business

Mailing Address

3982 Elysian Ct.
 Tallahassee, Fla.
 32311

564077 - 90009 - 4

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4-23-1985
22	City & State	City & State	4. FEI Number
			59-2839942
23	Zip	Country	5. Certificate of Status Desired
			<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	Country	6. Election Campaign Financing
			<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joan N. Thurber
 3982 Elysian Ct.
 Tallahassee, Fla. 32311

81	Name	Joan N. Thurber
82	Street Address (P.O. Box Number is Not Acceptable)	3982 Elysian Ct.
83	City	Tallahassee, Fla.
84	City	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan N. Thurber	1.2 NAME	
STREET ADDRESS	3982 Elysian, Ct.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fla. 32311	1.4 CITY-ST-ZIP	
TITLE	Vice-President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Reclusado	2.2 NAME	
STREET ADDRESS	8188 Elysian Way	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fla. 32311	2.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Dubois	3.2 NAME	
STREET ADDRESS	3981 Elysian, Ct.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tall. Fla. 32311	3.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Rakestraw	4.2 NAME	
STREET ADDRESS	3946 Elysian, Ct	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tall. Fla. 32311	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Joan N. Thurber Joan N. Thurber 5-19-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 877-6373

CR2E037 (11/98)