

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90334 022 ****61.25

001-118

DOCUMENT # N08893
 1. Entity Name
ELYSIAN FOREST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 3982 ELYSIAN CT TALLAHASSEE FL 32311 US	Mailing Address 3982 ELYSIAN CT TALLAHASSEE FL 32311 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3981 Elysian Suite, Apt. #, etc. Tallahassee City & State Fl. Zip 32311 Country	3. Mailing Address 3981 Elysian Ct. Suite, Apt. #, etc. Tallahassee City & State Fl. Zip 32311 Country
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4. FEI Number 59-2839942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THURBER, JOAN N
3982 ELYSIAN CT
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
 Name
David DuBois
 Street Address (P.O. Box Number is Not Acceptable)
3981 Elysian Ct.
 City
Tallahassee Fl. **FL** Zip Code
32311

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.

SIGNATURE *David DuBois* DATE 3/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THURBER, JOAN N 3982 ELYSIAN CT TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAKESTRAW, CAROLYN 3946 ELYSIAN CT TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBOIS, P JANE 3981 ELYSIAN CT TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RECLUSADO, DENNIS 8188 ELYSIAN WAY TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David N. DuBois 3981 Elysian Ct. Tallahassee Fl. 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Thurber SD 3982 Elysian Ct. Tall. Fl. 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer P. Jane DuBois	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** *David DuBois* DATE 3/3/01 (850) 978-6439
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)