

2002 UNIFORM BUSINESS REPORT (UBR)

5/c

FILED
May 30, 2002 8:00 am
Secretary of State

05-06-2002 90161 009 ****61.25

DOCUMENT # N08893

1. Entity Name

ELYSIAN FOREST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3981 ELYSIAN CT
 TALLAHASSEE FL 32311
 US

3981 ELYSIAN CT
 TALLAHASSEE FL 32311
 US

2. Principal Place of Business

3. Mailing Address

8146 Elysian Way

None

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tall FL

City & State

4. FEI Number

Applied For

32311

59-2839942

Not Applicable

Zip

Country

Zip

Country

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

DUBOIS, DAVID
 3981 ELYSIAN CT
 TALLAHASSEE FL 32311

Name Frank Gilmore

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

8146 Elysian Way

Tall FL

32311

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.

SIGNATURE

David Dubois

4/2/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME	President Frank Gilmore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8146 Elysian Way	
CITY-ST-ZIP	Tallahassee FL 32311	
TITLE NAME	Secretary Carolyn Rakestraw	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3946 Elysian Ct.	
CITY-ST-ZIP	Tall, FL.	
TITLE NAME	Same P. Jane Dubois	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: P. Jane Dubois **REQUIRED**

4/2/02

879-6439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)