

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23187 (0)**

1. Corporation Name  
**THE RACQUET CLUB HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 38511 TALLAHASSEE FL 32315-8511</b>	Mailing Address <b>P.O. BOX 38511 TALLAHASSEE FL 32315-8511</b>
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3. Date Incorporated or Qualified <b>10/26/1987</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>59-2895874</b>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**LOGAN, JEFFREY  
1970 MARYELLEN DR  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name **DONALD HEAVENER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **1882 PATSY ANN CT S**  
84 City **TALLAHASSEE** FL 85 Zip Code **32303**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD HEAVENER, DON</b>	1.2 NAME	
STREET ADDRESS	<b>1882 PATSYANNE CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD PRESH, ZEPHINE</b>	2.2 NAME	
STREET ADDRESS	<b>1955 ROB WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD LOGAN, JEFFREY</b>	3.2 NAME	
STREET ADDRESS	<b>1970 MARYELLEN DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>SECRETARY CHRISTINA CHILDS (SD)</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1874 PATSY ANN CT S</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>ARCHITECTURAL CORPORATION (AD)</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>KAREN PORGUSON</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>1952 MARYELLEN TALLAHASSEE, FL 32308</b>
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.

SIGNATURE \_\_\_\_\_

3-26-98

CR2E037 (10/97)