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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N23187 (0)
1. Corporation Name
THE RACQUET CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 38511, TALLAHASSEE FL 32315-8511
Mailing Address: P.O. BOX 38511, TALLAHASSEE FL 32315-8511

3. Date incorporated or Qualified: 10/26/1987
4. FEI Number: 59-2895874
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: LOGAN, JEFFREY, 1970 MARYELLEN DR, TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent: DONALD HEAVENER, 1882 PATSY ANN CT S, TALLAHASSEE FL 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: [Signature] DATE: _____

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

3-26-98

CR2E037 (10/97)