

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90012 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23187

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/26/1987
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2895874
23 City & State	28 City & State	Applied For Not Applicable
24 Zip	25 Country	29 Zip
30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HEAVENER, DONALD
 1882 PATSY ANN COURT S
 TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0503 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: 7-26-99

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEAVENER, DON	
STREET ADDRESS	1882 PATSYANNE CT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRESHA, ZEPHINE	
STREET ADDRESS	1955 ROB WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHILDS, CHRISTINE	
STREET ADDRESS	1874 PATSY ANN COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	AC	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, KAREN	
STREET ADDRESS	1952 MARY ELLEN DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Charles GATLIN	
STREET ADDRESS	1889 PATSY ANN CT	
CITY-ST-ZIP	TALL, FL 32303	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	CRISLER, VANESSA	
STREET ADDRESS	2014 MARYELLEN DRIVE	
CITY-ST-ZIP	TLH, FL 32303	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* DATE: 7-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

942-3687 x106 Daytime Phone #

CR2E037 (5/99)