

FILED
May 03, 2001 8:00 am
Secretary of State

04-12-2001 90154 046 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23187

1. Entity Name

THE RACQUET CLUB HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business 3. Mailing Address
Suites, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2895874 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEAVENER, DONALD
1882 PATSY ANN COURT S
TALLAHASSEE FL 32303
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 *[Signature]* DONALD HEAVENER 4-10-01
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 PD NAME HEAVENER, DON STREET ADDRESS 1882 PATSYANNE CT CITY-ST-ZIP TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete | TITLE TREASURER NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME PRESHA, ZEFHINE STREET ADDRESS 1955 ROB WAY CITY-ST-ZIP TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete | TITLE PRESIDENT NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SD NAME CHILDS, CHRISTINE STREET ADDRESS 1874 PATSY ANN COURT CITY-ST-ZIP TALLAHASSEE FL 32303 | <input checked="" type="checkbox"/> Delete | TITLE VICE PRESIDENT NAME CASSANDRA TURNER STREET ADDRESS 1867 MARYELLEN CITY-ST-ZIP TALLAHASSEE, FL 32303 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE T NAME GATLIN, CHARLES STREET ADDRESS 1884 PATSY ANN CT CITY-ST-ZIP TALLAHASSEE FL 32303 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE AC NAME CRISLER, VANESSA STREET ADDRESS 2014 MARYELLEN DR CITY-ST-ZIP TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete | 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"/> Delete | 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]* DONALD HEAVENER 4-10-01 850-942-3627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)