


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729673 (4)**  
 1. Corporation Name  
**LAKE TALQUIN HEIGHTS HOMEOWNER'S ASSOCIATION, IN C.**

Principal Place of Business <b>18034 RAKESTRAW DR. TALLAHASSEE FL 32310</b>	Mailing Address <b>18035 RAKESTRAW DR. TALLAHASSEE FL 32310-9448</b>
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2. Principal Place of Business <b>21 18035 RAKESTRAW DR.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>05/15/1974</b>	3a. Date of Last Report <b>02/27/1996</b>
22 <b>TALLAHASSEE, FL</b> City & State		27		4. FEI Number <b>APPLIED FOR 59-3435545</b>	Applied For Not Applicable
23 <b>32310</b> Zip		28 <b>USA</b> Country		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CHITTENDEN, ANN 18035 RAKESTRAW DRIVE TALLAHASSEE FL 32310</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLOCUMB, LARRY</b> <b>HC 2, BOX 7130, OSCAR HARVEY ROAD</b> <b>TALLAHASSEE FL 32310</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>S RAY, SUZANNE</b> <b>18035 RAKESTRAW DRIVE</b> <b>TALLAHASSEE, FL 32310</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REISER, MARTY</b> <b>18034 RAKESTRAW DR.</b> <b>TALLAHASSEE FL 32310</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>P SLOCUMB, LARRY</b> <b>HC 2, BOX 7130, OSCAR HARVEY RD</b> <b>TALLAHASSEE, FL 32310</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FARRIS, TONY</b> <b>18033 RAKESTRAW DR.</b> <b>TALLAHASSEE FL 32310</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D LUTHER RICHTER</b> <b>18042 RAKESTRAW DRIVE</b> <b>TALLAHASSEE, FL 32310</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

**2000022094 FL**  
**-06/11/97-01116-020**  
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14. I do 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, changed, or on an attachment with an address.

CR2E037 (9/96)