


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90216 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 729673					
1. Corporation Name LAKE TALQUIN HEIGHTS HOMEOWNER'S ASSOCIATION, IN C.					
Principal Place of Business 18035 RAKESTRAW DR. TALLAHASSEE FL 32310			Mailing Address 18035 RAKESTRAW DR. TALLAHASSEE FL 32310		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/15/1974	
				4. FEI Number 59-3435545	
				Applied For Not Applicable	
				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 CHITTENDEN, ANN 18035 RAKESTRAW DRIVE TALLAHASSEE FL 32310				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLOCUMB, LARRY			1.2 NAME			
STREET ADDRESS	HC 2, BOX 7130, OSCAR HARVEY ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REISER, MARTY			2.2 NAME			
STREET ADDRESS	18034 RAKESTRAW DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRIS, TONY			3.2 NAME			
STREET ADDRESS	18033 RAKESTRAW DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHTER, LUTHER			4.2 NAME			
STREET ADDRESS	18042 RAKESTRAW DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLOCUMB, LARRY			5.2 NAME	P RICHTER, LUTHER		
STREET ADDRESS	HC 2, BOX 7130, OSCAR HARVEY RD N/A			5.3 STREET ADDRESS	18042 RAKESTRAW DR.		
CITY-ST-ZIP	TALLAHASSEE FL 32310			5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310		
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAY, SUZANNE			6.2 NAME	S CARR, DIANE M.		
STREET ADDRESS	18035 RAKESTRAW DR.			6.3 STREET ADDRESS	987 RIVERVIEW TRAIL		
CITY-ST-ZIP	TALLAHASSEE FL 32310			6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310		

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 LSW 580-2961
Date Daytime Phone #

CR2E037 (11/98)