

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729673

1. Entity Name

LAKE TALQUIN HEIGHTS HOMEOWNER'S ASSOCIATION, IN

Principal Place of Business

18035 RAKESTRAW DR.
TALLAHASSEE FL 32310

Mailing Address

18035 RAKESTRAW DR.
TALLAHASSEE FL 32310-9448

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3435545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHITTENDEN, ANN
18035 RAKESTRAW DRIVE
TALLAHASSEE FL 32310

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, 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

TITLE D ☐ Delete
NAME SLOCUMB, LARRY
STREET ADDRESS HC 2, BOX 7130, OSCAR HARVEY ROAD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE D ☐ Delete
NAME REISER, MARTY
STREET ADDRESS 18034 RAKESTRAW DR.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE D ☐ Delete
NAME FARRIS, TONY
STREET ADDRESS 18033 RAKESTRAW DR.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE D ☐ Delete
NAME RICHTER, LUTHER
STREET ADDRESS 18042 RAKESTRAW DR.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE P ☐ Delete
NAME RICHTER, LUTHER
STREET ADDRESS 18042 RAKESTRAW DR
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE S ☐ Delete
NAME CARR, DIANE M
STREET ADDRESS 987 RIVERVIEW TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32310

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90011 009 ****61.25

00000118



DO NOT WRITE IN THIS SPACE