2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am § Secretary of State DOCUMENT # 729673 05-17-2001 91081 036 ****61.25 LAKE TALQUIN HEIGHTS HOMEOWNER'S ASSOCIATION, IN Principal Place of Business Mailing Address 766610 18035 RAKESTRAW DR. 18035 RAKESTRAW DR. TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3435545 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHITTENDEN, ANN 18035 RAKESTRAW DRIVE TALLAHASSEE FL 32310 City 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D TITLE Change ☐ Addition TITLE Delete NAME SLOCUMB, LARRY NAME STREET ADDRESS HC 2, BOX 7130, OSCAR HARVEY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Addition Delete ☐ Change TITLE TITI E REISER, MARTY NAME NAME 18034 RAKESTRAW DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Change TITLE ☐ Delete TITLE ☐ Addition **FARRIS, TONY** NAME NAME STREET ADDRESS 18033 RAKESTRAW DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RICHTER, LUTHER NAME NAME STREET ADDRESS 18042 RAKESTRAW DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 TITLE ☐ Delete TITLE Change ☐ Addition RICHTER, LUTHER NAME NAME STREET ADDRESS 18042 RAKESTRAW DR STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TALLAHASSEE FL 32310

CARR, DIANE M

987 RIVERVIEW TRAIL

TALLAHASSEE FL 32310

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TILLA REQUIRED

☐ Delete

850-488- 4197

☐ Change

☐ Addition