

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90268 028 ****61.25

DOCUMENT # 729673

1. Entity Name

LAKE TALQUIN HEIGHTS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**18035 RAKESTRAW DR.
TALLAHASSEE FL 32310**

Mailing Address

**18035 RAKESTRAW DR.
TALLAHASSEE FL 32310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**CHITTENDEN, ANN
18035 RAKESTRAW DRIVE
TALLAHASSEE FL 32310**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SLOCUMB, LARRY
1802 BOX 7130, OSCAR HARVEY ROAD
TALLAHASSEE FL 32310** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Larry Slocumb
2143 Oscar Harvey Rd
Tallahassee, FL 32310** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Dorothy Carr
2071 Oscar Harvey Rd.
Tallahassee, FL 32310** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Diane M. Carr* **Diane M. Carr, Secretary/Treasurer 4/24/04** **840-488-4197**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #