

FILE NOW: FILING FEE IS \$61.25

Amended Annual Report

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *769498*
 1. Corporation Name
TALQUIN RESORTS HOMEOWNERS ASSOC., INC.

Principal Place of Business
change of address TO:
Rt. 3 BOX 8512
QUINCY, FL 32351

Mailing Address
RT. 3 BOX 8512
QUINCY, FL 32351

2. Principal Place of Business 21 Suite Apt # etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite Apt # etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 7/15/1983	3a. Date of Last Report 3/12/96
4. FEI Number 59-2449624		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No		8. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent MILLER, ROBERT E. ESQ. 990 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714		10. Name and Address of New Registered Agent 81 Name LANGFORD, ROBERT F., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 3194 FERNS GLEN DR. 83 City TALLAHASSEE 84 State FL 85 Zip Code	
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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 *Robert F. Langford, Jr.* **Robert F. Langford, Jr.** *7-18-96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SHEARER, M.J. 110 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	DT TAYLOR, LINDA C. RT 3 BOX 8507 QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCDANIEL, SAM RT. 3 BOX 8500 QUINCY, FL 32351	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	VPD - WERLEY, JANICE RT 3 BOX 8509 QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - HAIR, RANDALL RT 3 BOX 8305 QUINCY, FL 32351	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	DP - DAVIS, CHARLES EDWARD 5234 CRAWFORDVILLE HWY TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - LEONARD, J. M. 1980 Derbyshire Rd. MAITLAND, FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	DAS - DEANE, L. ELAINE RT 3 BOX 8508 QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD - ROBINSON, MAXX 110 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	DS - BALLATORE, JEANA Rt. 3 Box 8510 QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	800001908538 -07/30/96--01122--021 ***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Linda C. Taylor* **Linda C. Taylor** *7-16-96* **7-16-96** *904 - 576-3171 ext 232* *CS 7/30/96*

CR2E037 (12/95)