


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **769498** (7)
1. Corporation Name
TALQUIN RESORTS HOMEOWNERS ASSOCIATION, INC.



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| Principal Place of Business RT.3 BOX 8512 QUINCY FL 32351 | Mailing Address RT.3 BOX 8512 QUINCY FL 32351 |
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| 3. Date Incorporated or Qualified 07/15/1983 | |
| 4. FEI Number 59-2449624 | Applied For <input type="checkbox"/> Not Applicable |

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|---|--|
| 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 |
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| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent LANGFORD, ROBERT F JR 3194 FERNS GLEN DR. TALLAHASSEE FL 32714 |
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| 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 |
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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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | DTAS |
| NAME | TAYLOR, LINDA C |
| STREET ADDRESS | RT 3 BOX 8507 #6 WILD TURKEY LN |
| CITY-ST-ZIP | QUINCY FL |
| TITLE | DP |
| NAME | MERRITT, LARRY E |
| STREET ADDRESS | RT 3 BOX 8503 #36 TALQUIN RES. DR. |
| CITY-ST-ZIP | QUINCY FL |
| TITLE | DV |
| NAME | TURNER, SHELTON N. |
| STREET ADDRESS | RT 3 BOX 8504 #1 TALQUIN RES. DR. |
| CITY-ST-ZIP | QUINCY FL |
| TITLE | DS |
| NAME | HOOCH, MARGARET J. |
| STREET ADDRESS | RT 3 BOX 8504 #12 TALQUIN RES. DR/ |
| CITY-ST-ZIP | QUINCY FL |
| TITLE | D |
| NAME | SMITH, JACQUELINE L. |
| STREET ADDRESS | RT 2 BOX 166-G-1 #3 WILD TURKEY LN |
| CITY-ST-ZIP | QUINCY FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | DPT |
| 1.2 NAME | TAYLOR, LINDA C |
| 1.3 STREET ADDRESS | RT. 3 BOX 8507 #6 Wild Turkey LN |
| 1.4 CITY-ST-ZIP | QUINCY, FL 32351 |
| 2.1 TITLE | DV |
| 2.2 NAME | GREEN, TONYA L |
| 2.3 STREET ADDRESS | Rt. 2 BOX 378-G #17 Talquin Resort |
| 2.4 CITY-ST-ZIP | QUINCY, FL DRIVE |
| 3.1 TITLE | D |
| 3.2 NAME | NELSON, KIM |
| 3.3 STREET ADDRESS | 8500 W. TENNESSEE ST. 16lots |
| 3.4 CITY-ST-ZIP | TALLAHASSEE, FL |
| 4.1 TITLE | DS |
| 4.2 NAME | HOCH, MARGARET J. |
| 4.3 STREET ADDRESS | Rt. #3 BOX 8504 #17 Talquin Res. Dr |
| 4.4 CITY-ST-ZIP | QUINCY, FL |
| 5.1 TITLE | D |
| 5.2 NAME | SMITH, JACQUELINE L. |
| 5.3 STREET ADDRESS | Rt 2 BOX 166-G-1 #3 WILD TURKEY LN |
| 5.4 CITY-ST-ZIP | QUINCY, FL |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *Linda C Taylor* *Linda C Taylor* *Pres. ent* *2/15/98* *1-850-576-3171* *247-234*

CR2037 (10/97)