

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 006 ****61.25

0009393

DOCUMENT # 769498

1. Corporation Name

TALQUIN RESORTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

RT.3 BOX 8512
QUINCY FL 32351

Mailing Address

RT.3 BOX 8512
QUINCY FL 32351



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

07/15/1983

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

59-2449624

Applied For

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGFORD, ROBERT F JR
3194 FERNS GLEN DR.
TALLAHASSEE FL 32714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE
NAME **DPT**
STREET ADDRESS **TAYLOR, LINDA C**
CITY-ST-ZIP **RT 3 BOX 8507 #6 WILD TURKEY LN**
QUINCY FL

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **GREEN, TONYA L.**
CITY-ST-ZIP **RT. 2 BOX 378-G #17 TALQUIN RES. DRIVE**
QUINCY FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **NELSON, KIM**
CITY-ST-ZIP **2520 W. TENNESSEE STREET**
TALLAHASSEE FL

TITLE ☒ DELETE
NAME **DS**
STREET ADDRESS **HOCH, MARGARET J.**
CITY-ST-ZIP **RT 3 BOX 8504 #12 TALQUIN RES. DR/**
QUINCY FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SMITH, JACQUELINE L.**
CITY-ST-ZIP **RT 2 BOX 166-G-1 #3 WILD TURKEY LN**
QUINCY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DTS**
1.3 STREET ADDRESS **Taylor, Linda C.**
1.4 CITY-ST-ZIP **Rt 3 Bx 8507, 182 Wild Turkey Ln**
Quincy FL 32351

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **DP**
3.3 STREET ADDRESS **Huggins, Carol**
3.4 CITY-ST-ZIP **Rt 3 Bx 8516, 282 Talquin Resorts Dr.**
Quincy FL 32351

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Geathers, James E.**
4.4 CITY-ST-ZIP **Rt 3 Bx 8522**
Quincy FL 32351

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-627-1109

Daytime Phone #

CR2E037 (11/98)