

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769498

1. Entity Name

TALQUIN RESORTS HOMEOWNERS ASSOCIATION, INC.

(R)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90001 035 ****61.25

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
Suite, Apt. #, etc.
City & State

3. Mailing Address
155 TALQUIN RESORTS DR
Suite, Apt. #, etc.
QUINCY FL
City & State



DO NOT WRITE IN THIS SPACE

Zip Country
32351 USA

4. FEI Number 59-2449624
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUNGFORD, ROBERT F JR
3194 FERNS GLEN DR.
TALLAHASSEE FL 32714

7. Name and Address of New Registered Agent
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.

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS TAYLOR, LINDA C RT 3 BOX 8507 #6 WILD TURKEY LN QUINCY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREEN, TONYA L. RT. 2 BOX 378-G #17 TALQUIN RES. DRIVE QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUGGINS, CARNEL RT-3 BOX 8516, 282 TALQUIN RESORTS DR TALLAHASSEE FL 32351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEATHERS, JAMES E RT 3 BX 8522 QUINCY FL 32351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JACQUELINE L. RT 2 BOX 166-G-1 #3 WILD TURKEY LN QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MARGARET J. HOCH 155 TALQUIN RESORTS DR QUINCY, FL 32351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	324 TALQUIN RESORTS DR QUINCY FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	252 WILD TURKEY LN QUINCY FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margaret J. Hoch* REC 8/3/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-622-7447

CR2E037 (5/00)