

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 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90140 022 \*\*\*\*61.25

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**DOCUMENT # N29468**

1. Corporation Name

**CAUSSEAUX ESTATES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

ROUTE 12, BOX 1008  
TALLAHASSEE FL 32310

Mailing Address

ROUTE 12, BOX 1008  
TALLAHASSEE FL 32310



2. Principal Place of Business

21 **751 OAK RIDGE ROAD**

Suite, Apt. #, etc.

22 City & State  
**TALLAHASSEE, FL.**

23 Zip Country  
**32310**

2a. Mailing Address

26 **751 OAK RIDGE ROAD**

Suite, Apt. #, etc.

27 City & State  
**TALLAHASSEE, FL.**

28 Zip Country  
**32310**

3. Date Incorporated or Qualified

**11/29/1988**

4. FEI Number

**59-2958279**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐  
Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**CAUSSEAUX, WILLIAM PIERCE**  
**RT 2 BOX 1008**  
**TALLAHASSEE FL 32310**

10. Name and Address of New Registered Agent

81 Name  
**CAUSSEAUX, WILLIAM PIERCE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**751 OAK RIDGE ROAD**

83

84 City  
**TALLAHASSEE**

**FL**

85 Zip Code  
**32310**

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 **PD** ☐ DELETE  
NAME **CAUSSEAUX, WILLIAM PIERCE**  
STREET ADDRESS **ROUTE 12, BOX 1008**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **STD** ☒ DELETE  
NAME **CAUSSEAUX, ELEANOR D.**  
STREET ADDRESS **ROUTE 12, BOX 1008**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VD** ☒ DELETE  
NAME **STRINGER, JEANNIE C.**  
STREET ADDRESS **16202 FRIEND DRIVE**  
CITY-ST-ZIP **BUCYRUS MO**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **CAUSSEAUX, WILLIAM PIERCE**  
1.3 STREET ADDRESS **751 OAK RIDGE ROAD**  
1.4 CITY-ST-ZIP **TALLAHASSEE FL 32310**

2.1 TITLE **STD** ☐ Change ☒ Addition  
2.2 NAME **MILLER, DONALD LOUIS**  
2.3 STREET ADDRESS **8729 CELIA ROAD**  
2.4 CITY-ST-ZIP **TALLAHASSEE, FL. 32310**

3.1 TITLE **VD** ☐ Change ☒ Addition  
3.2 NAME **SHEPHERD, ART**  
3.3 STREET ADDRESS **8736 CELIA ROAD**  
3.4 CITY-ST-ZIP **TALLAHASSEE, FL. 32310**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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:

**Donald Miller**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/99**  
Date

**(850)410-4278**  
Daytime Phone #

CR2E037 (11/98)