
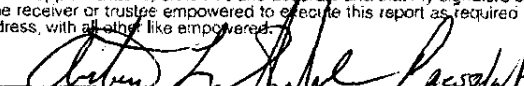


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N29468</b>			
1. Entity Name <b>Causseaux Estates Homeowners' Association, INC.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>751 Oak Ridge Road</b>		3. Mailing Address <b>8736 Celia Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tallahassee Florida</b>		City & State <b>Tallahassee Florida</b>	
Zip <b>32305</b>		Country <b>U.S.</b>	
Zip <b>32305</b>		Country <b>U.S.</b>	
4. FEI Number <b>59-2958279</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent	
		Name <b>Causseaux, William Pierce</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>751 Oak Ridge Road</b>	
		City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32305</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) _____ DATE _____			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(President)Shepherd, Artemus L. 8736 Celia Road Tallahassee Florida 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700020415417 15X03-13--01019--004 \$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Vice President ) Jackson, Jerome 8728 Celia Road Tallahassee Florida 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Secretary/Treasure)Bruce, Annette 8729 Celia Road Tallahassee Florida 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5-19-03 (850) 421-0902	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____	

CR2E037B (12/02)