2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# N44998

Entity Name: CAPE TALQUIN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 2211
TALLAHASSEE, FL 32316 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2211
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 59-3230735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRENCH, MICHELLE
19524 NORTH BY NW ROAD
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FRANTZ, RICHARD
Address: 19524 NORTH BY NW ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: VPD ( ) Delete
Name: DUFRESNE, JEANETTE
Address: 19524 NORTH BY NW ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: STD ( ) Delete
Name: FRENCH, MICHELLE
Address: 19722 NORTH BY NW RD
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE FRENCH STD 01/26/2005

Electronic Signature of Signing Officer or Director — Date