



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90026 014 \*\*\*\*61.25

<b>DOCUMENT # N93000003404</b> 1. Entity Name <b>RACHEL LANE AND CONSTITUTION PLACE HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>1497 CONSTITUTION PLACE TALLAHASSEE, FL 32308</b>			Mailing Address <b>1497 CONSTITUTION PLACE TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business - No P.O. Box # <b>1426 Constitution Place E.</b>		3. Mailing Address <b>1426 Constitution Place E.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>59-3201384</b>	
Zip <b>32308</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEADMAN, JOHN H 1497 CONSTITUTION PLACE TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name <b>James B. Wadsworth, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1426 Constitution Place East</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</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  <b>James B. Wadsworth, Jr., Director</b> <span style="float: right;">1-23-08</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O/D STEADMAN, JOHN H 1497 CONSTITUTION PLACE TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O/D WADSWORTH, JAMES 1426 CONSTITUTION PLACE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROCTOR, MAUREEN 1376 RACHEL LANE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REILLY, CURT 1334 RACHEL LANE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, GAIL 1449 CONSTITUTION PLACE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	O/D Dean, R. Carlton 1399 Constitution Place East Tallahassee, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  <b>James B. Wadsworth, Jr.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-23-08</b>		Daytime Phone # <b>(850) 224-3129</b>