2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N93000003404

Entity Name: RACHEL LANE AND CONSTITUTION PLACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1426 CONSTITUTION PL E
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1426 CONSTITUTION PL E
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3201384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADSWORTH, JAMES B JR
1426 CONSTITUTION PL E
TALLAHASSEE, FL 32308 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: O/D ( ) Delete
Name: WADSWORTH, JAMES
Address: 1426 CONSTITUTION PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: PROCTOR, MAUREEN
Address: 1376 RACHEL LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: REILLY, CURT
Address: 1334 RACHEL LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: WATSON, GAIL
Address: 1449 CONSTITUTION PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: OD ( ) Delete
Name: DEAN, R. CARLTON
Address: 1399 CONSTITUTION PL E
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: WADSWORTH, JAMES
Address: 1426 CONSTITUTION PLACE
City-St-Zip: TALLAHASSEE, FL 32308

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

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

Title: SD (X) Change ( ) Addition
Name: WATSON, GAIL
Address: 1449 CONSTITUTION PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD (X) Change ( ) Addition
Name: DEAN, R. CARLTON
Address: 1399 CONSTITUTION PL E
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES B WADSWORTH JR TREA 04/27/2009

Electronic Signature of Signing Officer or Director — Date