

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002377

FILED  
Mar 24, 2007  
Secretary of State

Entity Name: LAKE TALQUIN HIDE-A-WAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

254 TALQUIN HIDEAWAY  
QUINCY, FL 32351

**New Principal Place of Business:**

200 TINDELL RD  
QUINCY, FL 32351

**Current Mailing Address:**

254 TALQUIN HIDEAWAY  
QUINCY, FL 32351

**New Mailing Address:**

P O BOX 168  
QUINCY, FL 32353

FEI Number: 59-3329592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOMLINSON, DON  
254 TALQUIN HIDEAWAY RD.  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

WATERMAN, DANIEL  
200 TINDELL RD  
QUINCY, FL 32351 US

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: DANIEL WATERMAN

03/24/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GOFORTH, WILLARD  
Address: 254 TALQUIN HIDEAWAY RD.  
City-St-Zip: QUINCY, FL 32351

Title: VPD ( ) Delete  
Name: WATERMAN, PAT  
Address: 200 TINDELL ROAD  
City-St-Zip: QUINCY, FL 32351

Title: STD ( ) Delete  
Name: TOMLINSON, DONNA  
Address: 254 TALQUIN HIDEAWAY RD  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WATERMAN, PATRICIA  
Address: 200 TINDELL RD  
City-St-Zip: QUINCY, FL 32351

Title: VPD (X) Change ( ) Addition  
Name: FULTZ, PAUL  
Address: 201 TALQUIN HIDEAWAY RD  
City-St-Zip: QUINCY, FL 32351

Title: STD (X) Change ( ) Addition  
Name: WATERMAN, DANIEL  
Address: 200 TINDELL RD  
City-St-Zip: QUINCY, FL 32351

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA WATERMAN

PD

03/24/2007

Electronic Signature of Signing Officer or Director

Date