

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002377

FILED  
Mar 15, 2011  
Secretary of State

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

**Current Principal Place of Business:**

25 TALQUIN HIDEAWAY RD  
QUINCY, FL 32351 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 168  
QUINCY, FL 32353 US

**New Mailing Address:**

**FEI Number:** 59-3329592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASER, ROLLAND SEC/TRS  
25 TALQUIN HIDEAWAY RD  
QUINCY, FL 32351 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: PRES  
Name: GOODIN, TIM PRES  
Address: 260 TALQUIN HIDEAWAY RD  
City-St-Zip: QUINCY, FL 32351 US

Title: VP  
Name: DRYDEN, MATT VPRES  
Address: 213 TALQUIN HIDEAWAY RD  
City-St-Zip: QUINCY, FL 32351 US

Title: S/T  
Name: MASER, ROLLAND SEC/TRE  
Address: 25 TALQUIN HIDEAWAY RD  
City-St-Zip: QUINCY, FL 32351 US

Title: DIR  
Name: CAPPS, RANDY DIR  
Address: 171 TALQUIN HIDEAWAY RD  
City-St-Zip: QUINCY, FL 32351 US

Title: DIR  
Name: CARACCI, JOHN DIR  
Address: 214 TALQUIN HIDEAWAY RD  
City-St-Zip: QUINCY, FL 32351 US

I hereby 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 all other like empowered.

SIGNATURE: ROLLAND MASER

SE/T

03/15/2011

Electronic Signature of Signing Officer or Director

Date