

2000 UNIFORM BUSINESS REPORT (UBR)

0008197

DOCUMENT # N96000002614

1. Entity Name

TALLAHASSEE HAWKS LANDING HOMEOWNERS ASSOCIATION

FILED

00 APR 17 PM 1:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**9521 RAPTOR COURT
TALLAHASSEE FL 32308**

Mailing Address

**9521 RAPTOR COURT
TALLAHASSEE FL 32308-7430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

DO NOT WRITE IN THIS SPACE
59-3599394

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**E.
JOHNSON, CHARLES W JR.
9521 RAPTOR COURT
TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NOBIN, MILLARD J	
STREET ADDRESS	1300 METROPOLITAN BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES E JR.	
STREET ADDRESS	9521 RAPTOR COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SLAYER, BRUCE	
STREET ADDRESS	3017 HAWKS LANDING DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LONG, DARLENE	
STREET ADDRESS	3024 HAWKS LANDING DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SELLARS, PRESTON	
STREET ADDRESS	P.O. BOX 6415	
CITY-ST-ZIP	TALLAHASSEE FL 32314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500003221445--9	
CITY-ST-ZIP	-04/24/00--01152--021	
	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Price, Gary	
STREET ADDRESS	9522 Raptor Court	
CITY-ST-ZIP	Tallahassee, FL 32308	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Charles E. Johnson Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000

Date

(850) 414-4479

Daytime Phone #

CF2E037 (9/99)