

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2005  
Secretary of State**

DOCUMENT# N00000003875

Entity Name: FLEISCHMANN OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2419 1 FLEISCHMANN RD  
SUITE 3  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16517  
TALLAHASSEE, FL 323176517

**New Mailing Address:**

FEI Number: 59-3678886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

YOU MAN, MELVIN  
2419 FLEISHMANN RD UNIT 3  
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: PD      ( ) Delete  
Name: RENNICK, ROBYN  
Address: 2417 FLEISCHMANN RD UNIT 2  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD      ( ) Delete  
Name: BASTIAN, ANTHONY  
Address: 2419 FLEISHMANN RD UNIT 2  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD      ( ) Delete  
Name: HARRISON, TOM  
Address: 2419 FLEISHMANN RD UNIT 2  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD      ( ) Delete  
Name: YOU MAN, MELVIN  
Address: 2419 FLEISCHMANN RD UNIT 3  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELVIN YOU MANS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TRES

04/18/2005

\_\_\_\_\_  
Date