

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2006
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 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: MELVIN YOU MANS

Electronic Signature of Signing Officer or Director

TRES

04/28/2006

Date