

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003875

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** FLEISCHMANN OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2417 FLEISCHMANN RD  
SUITE 1  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2417 FLEISCHMANN RD  
SUITE 1  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

ZINS, GARY  
2417 FLEISCHMANN RD  
SUITE 1  
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  
Name: DEYO, KEVIN R  
Address: 2417 FLEISCHMANN RD UNIT 4  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD  
Name: BASTIAN, ANTHONY  
Address: 2419 FLEISHMANN RD UNIT 1  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD  
Name: ZINS, GARY  
Address: 2417 FLEISCHMANN RD UNIT 1  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: ZINS, JULIE  
Address: 2417 FLEISCHMANN RD UNIT 2  
City-St-Zip: TALLAHASSEE, FL 32308

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: GARY ZINS

D

04/13/2010

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

\_\_\_\_\_ Date