

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005374

FILED
Apr 27, 2007
Secretary of State

Entity Name: COLLEGE AVENUE COURTYARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

641 E. COLLEGE AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 853
TALLAHASSEE, FL 32302 US

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:

TERRAFERMA, FRANK
641-1 E. COLLEGE AVENUE
TALLAHASSEE, FL 32301 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: D () Delete
Name: FRY, DOROTHY L
Address: 105 SHADY LANE
City-St-Zip: LONGWOOD, FL 327502813

Title: VTD () Delete
Name: FRY, JESSE R
Address: 641 E. COLLEGE AVENUE UNIT 2
City-St-Zip: TALLAHASSEE, FL 323012510

Title: PSD () Delete
Name: TERRAFERMA, FRANK M
Address: 641 E. COLLEGE AVENUE UNIT 1
City-St-Zip: TALLAHASSEE, FL 323012510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRY, DOROTHY L
Address: 105 SHADY LANE
City-St-Zip: LONGWOOD, FL 32750 US

Title: VTD (X) Change () Addition
Name: FRY, JESSE R
Address: 641 E. COLLEGE AVENUE UNIT 2
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: PSD (X) Change () Addition
Name: TERRAFERMA, FRANK M
Address: 641 E. COLLEGE AVENUE UNIT 1
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify 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: FRANK TERRAFERMA

PSD

04/27/2007

Electronic Signature of Signing Officer or Director

Date