NONPROFIT CORPORATION ANNUAL RÉPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N03617

1. Corporation Name

ST. ANDREWS II OF TALLAHASSEE CONDOMINIUM ASSOCI ATION INC.

Principal Place of Business 1942 NICKLAUS DR. TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

%LINDA DOWNEY 3500 VALLEY CREEK DR. TALLAHASSEE FL 32312

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90100 047 ****61.25



3. Date Incorporated or Qualifed

NOT APPLICABLE

06/12/1984

22		27			NOT APPLICABLE		No	t Applicable
City & State					5. Certificate of Status Desired		\$8.75 A	
Zip	Country Zip C			Country 6. Election Campaign Fina		□ \$5.00 May Be		
24	25 29 30						Added to	o Fees
	Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered A	gent	
			81	Name				ì
DOWNEY, LINDA B.				Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
3500 VALLEY CREEK DR TALLAHASSEE FL 32312					11.00 11/01	·····		
IALLAHAS	SSEE FL 32312							
		_	84	City		FL	85 Zip (
office or re	egistered agent, or both, in the Stat	502 and 617.1508, Florida Statutes, le of Florida. Such change was auth gations of, Section 617.0503, Florid	nonzed by	the corpora	rporation submits this statement for the ption's board of directors. I hereby accept	ourpose of o	changing its tment as req	registered {
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable. (NOTE: R	egistered Agen	t signature requi	ired when reinstating)	DATE		—— Ì
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 12
TITLE	PD DELETE						Change	☐ Addition
NAME	DOWNEY, LINDA B.		1.2 NAME					
STREET ADDRESS	ATTO MAN EN COFFIN DD			ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL			r-ZIP				
TITLE	VD DELETE		2.1 TITLE				Change	Addition
NAME	LINS, DAVID	<i>,</i> ,	2.2 NAME					
STREET ADDRESS	11863 GRAZING BUCK COUP	₹Т	2.3 STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-S	T-ZIP				
TITLE	STD DELETE		3.1 TITLE				Change	☐ Addition
NAME	BARR, DANIEL		3.2 NAME					
STREET ADDRESS	1942 NICKLAUS DR #C		3.3 STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CfTY-S	T-ZIP				
TITLE	DELETE		4.1 TITLE				☐ Change	☐ Addition
NAME	Lisa Kalit	1.0	4. 2 NAME					
STREET ADDRESS	1942 Nicklaus Dr	11 1	4.3 STREET	ADDRESS				
CITY-ST-ZIP	Tallahassee FL		4.4 CITY-ST	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					ĺ
STREET ADDRESS			5.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY+ST-ZIP			6.4 CITY-S]
14. I hereby o	certify that the information supplied	with this filing does not qualify for the	he exempti	on stated in	Section 119.07(3)(i), Florida Statutes. I	further cert	ify that the in	nformation

Indicated on this annual report or supplemental annual 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 cortioration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Applied For

Not Applicable