

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03617

FILED
Apr 07, 2009
Secretary of State

Entity Name: ST. ANDREWS II OF TALLAHASSEE CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

1942 NICKLAUS DR.#D
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1942 NICKLAUS DR.#D
TALLAHASSEE, FL 32301

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:

HARGRAVE, ROBERT T
1942 NICKLAUS DR.#D
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: P () Delete
Name: HARGRAVE, ROBERT T
Address: 1942 NICKLAUS DR.#D
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST () Delete
Name: JACKSON, KEISHA A
Address: 1942 NICKLAUS DR.#C
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ROBERT T. HARGRAVE

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date