

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 28 PM 1:07

DOCUMENT # N 23389 (2)

1. Corporation Name

Barclay Lane Condominium of Tallahassee
A Condominium Association, Inc.

Principal Place of Business

4557-A Barclay Lane
Tallahassee, FL 32308

Mailing Address

3332 Gallant Fox Tr.
Tallahassee, FL
32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/87

3a. Date of Last Report

2/28/94

4. FEI Number

59-2359441

Applied For

Not Applicable

2. Principal Place of Business

21 4557-A Barclay Lane

2a. Mailing Address

26 3332 Gallant Fox Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

City & State

28 Tallahassee, FL 32308

Zip

24 32308

Country

25 USA

Zip

29 32308

Country

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Charles Marcus
Property Manager
3332 Gallant Fox Tr.
Tallahassee, FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Charles R. Marcus

5/12/95

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME Gwen Henkel - D
STREET ADDRESS HCR 176
CITY - ST - ZIP St. George Island, FL 32328

TITLE Treasurer
NAME Sean Fisher - D
STREET ADDRESS 8052 Greenmont Avenue
CITY - ST - ZIP Tallahassee, FL 32311

TITLE Secretary
NAME Alexandra Phillips - D
STREET ADDRESS 4557-A Barclay Lane
CITY - ST - ZIP Tallahassee, FL 32308

TITLE Charles Marcus - D
NAME Property Manager
STREET ADDRESS 3332 Gallant Fox Tr.
CITY - ST - ZIP Tallahassee, FL 32308

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TLS 6/28/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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****155.00 ****155.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information 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 corporation 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.

SIGNATURE:

Charles R. Marcus 5/12/95 (904) 488-9829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #