FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N23389 (2)

1. Corporation Name

BARCLAY LANE CONDOMINIUM OF TALLAHASSEE, A CONDO MINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address
4557-A BARCLAY LANE TALLAHASSEE FL 32308 US	3332 GALLANT FOX TR. TALLAHASSEE FL 32308 US

previously reported in error

3. Date Incorporated or Qualified: 11/10/1987
3a. Date of Last Report: 06/28/1995

4. FEI Number: ~~59-2359441~~ 59-3323121 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 no change	2a. Mailing Address 26 no change
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARCUS, CHARLES PROPERTY MANAGER 3332 GALLANT FOX TR TALLAHASSEE FL 32308	81 Name: same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	no changes	☐ Change ☐ Addition
NAME	HENKL, GWEN				
STREET ADDRESS	HCR 176				
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328				
TITLE	TD	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	no changes	☐ Change ☐ Addition
NAME	FISHER, SEAN				
STREET ADDRESS	8052 GREENMONT AVENUE				
CITY-ST-ZIP	TALLAHASSEE FL 32311				
TITLE	SD	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Davidson, Alexandra P. same address	☒ Change ☐ Addition
NAME	PHILLIPS, ALEXANDRIA				
STREET ADDRESS	4557-C BARCLAY LN				
CITY-ST-ZIP	TALLAHASSEE FL 32308				
TITLE	D	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	no changes	☐ Change ☐ Addition
NAME	MARCUS, CHARLES				
STREET ADDRESS	3332 GALLANT FOX TR., PROPERTY MANAGER				
CITY-ST-ZIP	TALLAHASSEE FL 32308				
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	500001760365 -03/28/96--01015--021 ***61.25	☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

CR2E037 (12/95)

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 119.07(3)(k), 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, Property Manager 3/23/96 904/488-7829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #