## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BARCLAY LANE CONDOMINIUM OF TALLAHASSEE, A CONDO

MINIUM ASSOCIATION INC. Principal Place of Business Mailing Address 4557-A BARCLAY LANE 3332 GALLANT FOX TR. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-1708 3. Date Incorporated or Qualified 11/10/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3323121 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State City & State 6, Election Campaign Financing 23 28 Trust Fund Contribution Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30

## **FILED** May 20 1997 8:00am Secretary of State



3a. Date of Last Report 03/27/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

24	25	29	30				Florida Statutes	•	Yes	] No	
	9. Name and Address of Cu	irrent Registered Agent					10. Name and Add	ress of New	Registered A	gent	
				B1	Name			"			
MARCUS, CHARLES					Stront	Addres	s (P.O. Box Number	is Not Accor	tablel	<del></del>	
PROPERTY MANAGER					Sileer.	Addies	S (I .O. DOX MUITOR	is ivot Accep	iable)		
3332 GALLANT FOX TR				83							
TALLAHASSEE FL 32308										<del></del>	
TO COMPANY	0000			84	City				FL	85 Zip	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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 Statules.											
SIGNATURE											
12.	Signature, typed or printed name of registers	od agent and title if applicable. (NOT S AND DIRECTORS		<u> </u>	ni s-gnature	required	when reinstaling) ADDITIONS/CHA	NOCO TO OF	DATE	DIDECTO	00 151 10
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NAME	HENKE, GWEN			1.2 NAME							
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STREET ADDRESS	8052 GREENMONT AVENU		2.	3 STREET	address			455	77,D B	arcia	yeane
CITY-ST-ZIP	-PALLAHASSEE FL 32311		2.	4 City-5	11- <b>2</b> 1P			_7alli	a hasse	<u> 26, F-L</u>	:32308
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NAME	DAVIDSON, ALEXANDRA F	>	3.	2 NAME							
STREET ADDRESS	4557-C BARCLAY LN		3.	3 STREET	ADDRESS	1					
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.	4, CITY-S	T-ZIP						
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NAME	MARCUS, CHARLES		4.	2 NAME							
STREET ADDRESS	3332 GALLANT FOX TR.,	PROPERTY MANAGER	4.	3 STREET	ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32308		4	4 CITY - S	T- 71P						
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	ov certify that the information sur	poliod with this filing does not qual		_		tated in	Section 119.07(3)(i)	. Florida Stati	utes. I further	certify that	the
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 chapted, or organ attachment with an address.											