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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23389

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

2. Principal Place of Business (21): 4549-A Barclay Lane
Suite, Apt. #, etc. (22):
City & State (23): Tallahassee USA
Zip (24): FL Country (25): 32308

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

3. Date Incorporated or Qualifed: 11/10/1987

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

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

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

9. Name and Address of Current Registered Agent

MARCUS, CHARLES
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 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	Pres.	☑ Change ☐ Addition
NAME	HENKEL, GWEN		1.2 NAME	Stacy Young	
STREET ADDRESS	HCR 176		1.3 STREET ADDRESS	4549A Barclay Lane	
CITY-ST-ZIP	ST. GEORGE ISLAND FL		1.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	TD	☑ DELETE	2.1 TITLE	V-P	☑ Change ☐ Addition
NAME	CALABRESE, MORGANE		2.2 NAME	Cynthia Antoun	
STREET ADDRESS	4557-D BARCLAY LN		2.3 STREET ADDRESS	4557-D Barclay Lane	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	SD	☑ DELETE	3.1 TITLE	Sec-Treas.	☑ Change ☐ Addition
NAME	DAVIDSON, ALEXANDRA P		3.2 NAME	Lindsey Lawhorn	
STREET ADDRESS	4557-C BARCLAY LN		3.3 STREET ADDRESS	4557-D Barclay Lane	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R. Marcus REQUIRED 4/16/99 850/444-9915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)