

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90136 046 ****61.25

DOCUMENT # **N23389**

1. Corporation Name

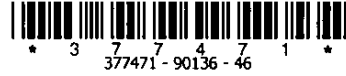
**BARCLAY LANE CONDOMINIUM OF TALLAHASSEE, A CONDO
MINIUM ASSOCIATION INC.**

Principal Place of Business

4557-A BARCLAY LANE
TALLAHASSEE FL 32308
US

Mailing Address

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**

24 Zip

FL

Country

32308

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

32308

Country

30

3. Date Incorporated or Qualified

11/10/1987

4. FEI Number

59-3323121

Applied For

Not Applicable

5. Certificate 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **PD HENKEL, GWEN**
STREET ADDRESS **HCR 176**
CITY-ST-ZIP **ST. GEORGE ISLAND FL**

TITLE ☒ DELETE

NAME **TD CALABRESE, MORGANE**
STREET ADDRESS **4557-D BARCLAY LN**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE

NAME **SD DAVIDSON, ALEXANDRA P**
STREET ADDRESS **4557-C BARCLAY LN**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME **D MARCUS, CHARLES**
STREET ADDRESS **3332 GALLANT FOX TR., PROPERTY MANAGER**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Pres. **Stacy Young**
4549A Barclay Lane
Tallahassee FL 32308

V-P **Cynthia Antoun**
4557-D Barclay Lane
Tallahassee FL 32308

Sec-Treas. **Lindsey Lawhorn**
4557-D Barclay Lane
Tallahassee, FL 32308

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

850/44-9915

Date

Daytime Phone #

CR2E037 (11/98)