

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003875

**FILED**  
**Mar 24, 2018**  
**Secretary of State**  
**CC6924934408**

**Entity Name:** FLEISCHMANN OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2417 FLEISCHMANN RD  
SUITE 1  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2417 FLEISCHMANN RD  
SUITE 1  
TALLAHASSEE, FL 32308

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZINS, GARY  
2417 FLEISCHMANN RD  
SUITE 1  
TALLAHASSEE, FL 32308 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DEYO, KEVIN R  
Address 2417 FLEISCHMANN RD UNIT 4  
City-State-Zip: TALLAHASSEE FL 32308

Title TD  
Name ZINS, GARY  
Address 2417 FLEISCHMANN RD UNIT 1  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name ZINS, JULIE  
Address 2417 FLEISCHMANN RD UNIT 2  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY ZINS

D

03/24/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date