

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004287

Entity Name: CHATEAU DE VILLE OF TALLAHASSEE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2020 CONTINENTAL AVENUE
TALLAHASSEE, FL 32304**Current Mailing Address:**2020 CONTINENTAL AVENUE
TALLAHASSEE, FL 32304 US**FEI Number: 20-4755141****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SWAIN, PATRICIA
2020 CONTINENTAL AVENUE
TALLAHASSEE, FL 32301 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: PATRICIA SWAIN****01/11/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MILLER, RANDY
Address	1334 MILLSTREAM RD
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP
Name	LINTON, KAY
Address	3171 BROCKTON NENE
City-State-Zip:	TALLAHASSEE FL 32308

Title	BOARD MEMBER
Name	ELKINS, RODNEY
Address	365 GOLFVIEW DR.
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	SECRETARY, TREASURER
Name	LEWIS, T. J.
Address	2020 CONTINENTAL AVE UNIT # 135
City-State-Zip:	TALLAHASSEE FL 32304

Title	BOARD MEMBER
Name	REICHERT, CYNDY
Address	2020 CONTINENTAL AVE UNIT # 226
City-State-Zip:	TALLAHASSEE FL 32304

Title	REGISTERED AGENT
Name	SWAIN, PATRICIA
Address	102 DOROTHY LOOP
City-State-Zip:	CRAWFORDVILLE FL 32327

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: PATRICIA SWAIN**RA****01/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date