

2021 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

01/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name TAYLOR, MARA ELLIOTT
Address 1201 PHEASANT RUN DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title BOARD MEMBER
Name WILLIAMS, LINDA
Address 6005 CAMILO COURT
City-State-Zip: RIVERDALE MD 20737

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

Title MANAGING AGENT
Name CAPITAL ASSOCIATION
 MANAGEMENT LLC
Address PO BOX 3965
City-State-Zip: TALLAHASSEE FL 32315

Title SECRETARY
Name FREIDIN, MARY
Address 2020 CONTINENTAL AVE
 UNIT # 149
City-State-Zip: TALLAHASSEE FL 32304

Title VP
Name LINTON, KAY MARIE
Address PO BOX 3965
City-State-Zip: TALLAHASSEE FL 32315

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: KYLE ROWELL**CFO**

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date