

2020 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

03/05/2020

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

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

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

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

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

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

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date