

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005786

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC8208585933**

**Entity Name:** STEARNS STREET CONDOMINIUMS OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

1200 STEARNS STREET, C-2  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

1200 STEARNS STREET, C-2  
TALLAHASSEE, FL 32310 US

**FEI Number: 27-4308100**

**Certificate of Status Desired: No**

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

POGGE, STEVE  
1200 STEARNS STREET  
C-2  
TALLAHASSEE, FL 32310 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           PRESIDENT  
Name           RYCHLIK, CASEY M  
Address        822 S ML KING JR BLVD  
City-State-Zip: TALLAHASSEE FL 32301

Title           DIRECTOR  
Name           BRIGHTBILL, JOSEPH  
Address        1200 STEARNS STREET, APT A-5  
City-State-Zip: TALLAHASSEE FL 32310

Title           SECRETARY  
Name           POGGE, JUSTIN  
Address        1200 STEARNS STREET, APT C-2  
City-State-Zip: TALLAHASSEE FL 32310

Title           DIRECTOR  
Name           CARROCCIO, ERIC  
Address        1200 STEARNS STREET, C-2  
City-State-Zip: TALLAHASSEE FL 32310

Title           OFFICER  
Name           SAGER, BARRY  
Address        1200 STEARNS STREET, C-2  
City-State-Zip: TALLAHASSEE FL 32310

*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: CASEY M. RYCHLIK**

**PRESIDENT**

**04/28/2015**

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

\_\_\_\_\_  
Date