

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION*
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763577 (4)

1. Corporation Name

THE PLANTATION OF TALLAHASSEE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2203 WEST PENSACOLA ST
TALLAHASSEE FL 32304

2203 WEST PENSACOLA ST
TALLAHASSEE FL 32304



3. Date Incorporated or Qualified
06/04/1982

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2331877

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURASI, JAMES B.
2203 W. PENSACOLA ST. F-1
TALLAHASSEE FL 32304

81 Name
Sudano, Erwin
82 Street Address (P.O. Box Number is Not Acceptable)
2108 Cynthia Drive
83 Tallahassee
32303
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Erwin Sudano, President

4/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CURASI, JAMES B.	
STREET ADDRESS	2203 W. PENSACOLA ST., F-1	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DWIGHT, KARR	
STREET ADDRESS	P.O. BOX 14523, N/A	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SUDANO, ERWIN	
STREET ADDRESS	2108 CYNTHIA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	President / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Sudano, Erwin
33 STREET ADDRESS	2108 Cynthia Drive
34 CITY-ST-ZIP	Tallahassee, FL 32303
41 TITLE	Secretary / <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Alam, Parwez
43 STREET ADDRESS	1740 Silverwood Drive
44 CITY-ST-ZIP	Tallahassee, FL 32301
51 TITLE	Treasurer / <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Vick, Thomas
53 STREET ADDRESS	Rt. 2, Box 597
54 CITY-ST-ZIP	Tallahassee, FL 32311
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	000001850730
63 STREET ADDRESS	06/04/96--01154--019
64 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Erwin Sudano

904 575-9743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)