


FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90012 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 763577					
1. Corporation Name THE PLANTATION OF TALLAHASSEE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2203 WEST PENSACOLA ST TALLAHASSEE FL 32304			Mailing Address 2203 WEST PENSACOLA ST TALLAHASSEE FL 32304		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/04/1982	
4. FEI Number 59-2331877		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution <input type="checkbox"/>			

9. Name and Address of Current Registered Agent SUDANO, ERWIN 2108 CYNTHIA DR. TALLAHASSEE FL 32303				10. Name and Address of New Registered Agent 81 Name <u>Thomas Vick</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>P.O. Box 13905</u> 83 <u>1391 Timberlake Rd</u> 84 City <u>Tallahassee</u> FL 85 Zip Code <u>32317</u>			
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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 Thomas D. Vick DATE 2/22/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PARWEZ, ALAM		1.2 NAME				
STREET ADDRESS	1740 SILVERWOOD DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP				
TITLE	P/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VICK, THOMAS		2.2 NAME				
STREET ADDRESS	1740 SILVERWOOD DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP				
TITLE	P/D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SUDANO, ERWIN		3.2 NAME				
STREET ADDRESS	2108 CYNTHIA DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Thomas D. Vick **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99
 Date

Daytime Phone #

CR2E037 (11/98)