

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90060 021 ****61.25

DOCUMENT # 763577 1. Entity Name THE PLANTATION OF TALLAHASSEE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2203 WEST PENSACOLA ST OFFICE BLDG. G TALLAHASSEE, FL 32304			Mailing Address 2203 WEST PENSACOLA ST OFFICE BLDG. G TALLAHASSEE, FL 32304		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILDEBRAND, RON 2203 W PENSACOLA ST TALLAHASSEE, FL 32304				Name <u>Edward H. Wiser</u> Street Address (P.O. Box Number is Not Acceptable) <u>2203 W. Pensacola St J-6</u> City <u>Tallahassee</u> FL <u>32304</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> <u>Edward H. Wiser</u> <u>29 March 2005</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISER, ED 2203 WEST PENSACOLA ST TALLAHASSEE, FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Edward Wiser 2203 W. Pensacola Street J-6 Tallahassee, FL 32304	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORER, DORETTA 2203 WEST PENSACOLA ST TALLAHASSEE, FL 32304	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Milt Letkoff 2203 W. Pensacola Street Tallahassee, FL 32304	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KIM 2203 WEST PENSACOLA ST TALLAHASSEE, FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Susan Schatzman 105 Hickory Hill Dr. Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETKOFF, MILT 2203 WEST PENSACOLA ST TALLAHASSEE, FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Treasurer Suzanne M. Schmidt 2203 W. Pensacola St #F-3 Tallahassee, FL 32304	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>Edward H. Wiser</u> <u>29 March 2005</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #					

850-575-9743