

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90195 022 ****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

03242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2331877

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISER, EDWARD H
2203 W PENSACOLA ST
SUITE J6
TALLAHASSEE, FL 32304**

Name **Charles Blume**
Street Address (P.O. Box Number is Not Acceptable)

428 main st

City **CHATTahoochee** FL Zip Code **32324**

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 **X Charles D. Blume**

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, 2006**

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 PD ☒ Delete
NAME WISER, ED
STREET ADDRESS 2203 W. PENSACOLA STREET, J-6
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BLUME, CHARLES**
STREET ADDRESS **428 MAIN ST.**
CITY-ST-ZIP **CHATTahoochee, FL 32324**

TITLE SD ☐ Delete
NAME LEFKOF, MILT
STREET ADDRESS 2203 W. PENSACOLA STREET
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Milt Lefkoff**
STREET ADDRESS **2203 W Pensacola st**
CITY-ST-ZIP **Tallahassee FL 32304**

TITLE D ☒ Delete
NAME ALLEN, KIM
STREET ADDRESS 2203 WEST PENSACOLA ST
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME **Suzanne Michelle Schmidt**
STREET ADDRESS **2203 W. Pensacola st #F-3**
CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE D ☐ Delete
NAME LETKOFF, MILT
STREET ADDRESS 2203 WEST PENSACOLA ST
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME SEHAZTMAN, SUSAN
STREET ADDRESS 105 HICKORY WOOD DRIVE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Charles D. Blume** **CHARLES D. BLUME** 4/12/06 850-674-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #