2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# 763577

Entity Name: THE PLANTATION OF TALLAHASSEE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2203 WEST PENSACOLA ST
OFFICE BLDG. G
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2203 WEST PENSACOLA ST
OFFICE BLDG. G
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-2331877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUME, CHARLES
428 MAIN ST
CHATTAHOOCHEE, FL 32324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLUME, CHARLES
Address: 428 MAIN ST
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: VP ( ) Delete
Name: LEFKOF, MILT
Address: 2203 W. PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: ST ( ) Delete
Name: SCHMIDT, SUZANNE M
Address: 2203 WEST PENSACOLA ST #F-3
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: LETKOFF, MILT
Address: 2203 WEST PENSACOLA ST
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MILT LEFKOF VP 04/19/2007

Electronic Signature of Signing Officer or Director — Date