

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90025 030 \*\*\*\*61.25

<b>DOCUMENT # 763577</b>					
<b>1. Entity Name</b> THE PLANTATION OF TALLAHASSEE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2203 WEST PENSACOLA ST OFFICE BLDG. G TALLAHASSEE, FL 32304			<b>Mailing Address</b> 2203 WEST PENSACOLA ST OFFICE BLDG. G TALLAHASSEE, FL 32304		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 59-2331877	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>  BLUME, CHARLES 428 MAIN ST CHATTAHOOCHEE, FL 32324			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> BLUME, CHARLES		<b>TITLE</b> SECRETARY / TREASURER	<b>NAME</b> CHARLES BLUME	
<b>STREET ADDRESS</b> 428 MAIN ST	<b>CITY - ST - ZIP</b> CHATTAHOOCHEE, FL 32324		<b>STREET ADDRESS</b> 428 MAIN ST	<b>CITY - ST - ZIP</b> CHATTAHOOCHEE, FL 32324	
<b>TITLE</b> VP	<b>NAME</b> LEFKOF, MILT		<b>TITLE</b> President	<b>NAME</b> Scott Anderson	
<b>STREET ADDRESS</b> 2203 W. PENSACOLA STREET	<b>CITY - ST - ZIP</b> TALLAHASSEE, FL 32304		<b>STREET ADDRESS</b> 2203 W Pensacola St #4	<b>CITY - ST - ZIP</b> Tall, FL 32304	
<b>TITLE</b> ST	<b>NAME</b> SCHMIDT, SUZANNE M		<b>TITLE</b> Vice President	<b>NAME</b> SUZANNE M Schmidt	
<b>STREET ADDRESS</b> 2203 WEST PENSACOLA ST #F-3	<b>CITY - ST - ZIP</b> TALLAHASSEE, FL 32304		<b>STREET ADDRESS</b> 2616 Satinwood Circle	<b>CITY - ST - ZIP</b> Tallahassee, FL 32309	
<b>TITLE</b> D	<b>NAME</b> LETKOFF, MILT		<b>TITLE</b> Director	<b>NAME</b> Sean M Pushor	
<b>STREET ADDRESS</b> 2203 WEST PENSACOLA ST	<b>CITY - ST - ZIP</b> TALLAHASSEE, FL 32304		<b>STREET ADDRESS</b> 2203 W. Pensacola St #6	<b>CITY - ST - ZIP</b> TLH, FL 32304	
<b>TITLE</b> Director	<b>NAME</b> Edward Wispe		<b>TITLE</b> Director	<b>NAME</b> Edward Wispe	
<b>STREET ADDRESS</b> 2203 W. Pensacola St Unit J-6	<b>CITY - ST - ZIP</b> Tallahassee FL 32304		<b>STREET ADDRESS</b> 2203 W. Pensacola St Unit J-6	<b>CITY - ST - ZIP</b> Tallahassee FL 32304	
<b>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 817, 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.</b>					
<b>SIGNATURE:</b> <i>Scott W Anderson</i>			<b>2-12-08 575-9743</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					