


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90020 045 \*\*\*\*61.25

DOCUMENT # N00000001867	
1. Entity Name MICCOSUKEE COMMONS OFFICES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1815 MICCOSUKEE COMMONS DRIVE 104 TALLAHASSEE, FL 32308	Mailing Address P.O. BOX 14019 TALLAHASSEE, FL 32317
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP CR2E037 (11/05)

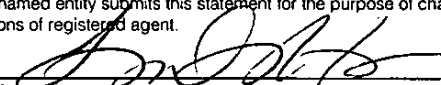
4. FEI Number 59-3679398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~JERAL TRACY~~ TAMMY DAUGHTERY  
C/O COMMUNIT PROPERTY MANAGEMENT INC  
SUITE 104  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
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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  DATE 3-15-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

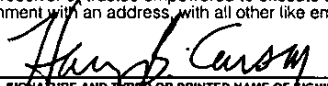
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, RICHARD 1815 MICCOSUKEE COMMONS DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLIN, MAX P 1815 MICCOSUKEE COMMONS DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARSON, HARRY 1815 MICCOSUKEE COMMONS DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE 03-15-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #