


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90027 029 ****61.25

DOCUMENT # N00000002509 1. Entity Name TALLEVAST CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3629 MINEOLA DR SARASOTA, FL 34239	Mailing Address 3629 MINEOLA DR SARASOTA, FL 34239
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1102341

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WRIGHT, WILLIAM 7610 MATOAKA RD. SARASOTA, FL 34243		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

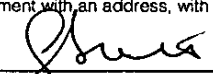
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, WILLIAM			NAME			
STREET ADDRESS	7610 MATOAKA RD.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34243			CITY-ST-ZIP			
TITLE	DVPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAROT, CHRIS			NAME			
STREET ADDRESS	PO BOX 1308			STREET ADDRESS			
CITY-ST-ZIP	TALLEVAST, FL 34270			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, GERI			NAME			
STREET ADDRESS	3629 MINEOLA DR.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFFMAN, BRIAN			NAME			
STREET ADDRESS	7626 MATOAKA RD.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34243			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, PETER			NAME			
STREET ADDRESS	7630 MATOAKA RD			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34243			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **G. SCOTT** **1/24/05 941 362 3372**

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