


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000002509</b> 1. Entity Name <b>TALLEVAST CENTER CONDOMINIUM ASSOCIATION, INC.</b>	
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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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02282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1102341	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

WRIGHT, WILLIAM  
7610 MATOAKA RD.  
SARASOTA, FL 34243

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000654229  
03/13/07-80053-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WRIGHT, WILLIAM
STREET ADDRESS	7610 MATOAKA RD.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	DVP
NAME	MAROT, DAN
STREET ADDRESS	PO BOX 1308
CITY-ST-ZIP	TALLEVAST, FL 34270
TITLE	DT
NAME	SCOTT, GERI
STREET ADDRESS	3629 MINEOLA DR.
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	KAUFFMAN, BRIAN
STREET ADDRESS	7626 MATOAKA RD.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	DS
NAME	THOMPSON, PETER
STREET ADDRESS	7630 MATOAKA RD
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **GERI SCOTT**

**2/28/07 841 362 3372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #