

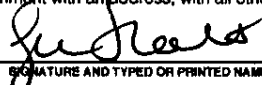


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000002509</b>			
1. Entity Name <b>TALLEVAST CENTER CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3629 MINEOLA DR. SARASOTA, FL 34239</b>	Mailing Address <b>3629 MINEOLA DR. SARASOTA, FL 34239</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02062008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>65-1102341</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WRIGHT, WILLIAM 7610 MATOAKA RD. SARASOTA, FL 34243</b>		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<div>UD00000824803 02/20/08-80092-018 61.25</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, WILLIAM 7610 MATOAKA RD. SARASOTA, FL 34243		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAROT, DAN PO BOX 1308 TALLEVAST, FL 34270		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCOTT, GERI 3629 MINEOLA DR. SARASOTA, FL 34239		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFFMAN, BRIAN 7626 MATOAKA RD. SARASOTA, FL 34243		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMPSON, PETER 7630 MATOAKA RD SARASOTA, FL 34243		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <b>GERI SCOTT</b>		2/8/08 941-362-3372	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	