

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

03-24-2006 90020 043 ****61.25

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1. Entity Name

CAREER BUILDING CONDOMINIUM OWNERS
ASSOCIATION, INC.



Principal Place of Business

COMMUNITY PROPERTY MANAGEMENT, INC.
1815 MICCOSUKEE COMMONS DR, SUITE 104
TALLAHASSEE, FL 32308

Mailing Address

P.O. BOX 14019
TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3272371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAUGHTY, TAMMY S
COMMUNITY PROPERTY MANAGEMENT, INC.
1815 MICCOSUKEE COMMONS DR, SUITE 104
TALLAHASSEE, FL 32308

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAMMONS, JEFF
STREET ADDRESS	313 WILLIAMS ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	STD
NAME	WILLIAMSON, JERRY
STREET ADDRESS	313 WILLIAMS ST SUITE 1
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VPD
NAME	MOORE, ALLEN
STREET ADDRESS	313 WILLIAMS ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Jerry Williamson Jr
Jerry Williamson Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/06

850-224-4139