2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

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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					THE STATE OF THE S		 	II I I I III I IIII (II	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04162007 CI	ng-NP	CR2E03	7 (12/06)	
City & State	е	City & State			4. FEI Number 59-327237	1		—) — —	plied For t Applicable
. Zip .	Country	Zip -	Country		5. Certificate of St		<u> </u>	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent	Name	-	7. Name and Add	ress of New Ro	egistered A	\gent	
COMMUN	Y, TAMMY S ITY PROPERTY MANAGEME			ddress (F	P.O. Box Number is I	Vot Acceptable)		
	COSUKEE COMMONS DR, SU SSEE, FL 32308	JITE 104				-			
1712271171	5022,12 02000		City				FL	Zip Code	9
	named entity submits this statement follows of registered agent.	or the purpose of changing its	registered office or	register	ed agent, or both, in	the State of Flo	rida. I am I	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent signatu	ure required	when reinstating)		DATE	<i>37</i>	
	•				-				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees			payable to	•
10	Due by May 1, 2007	Trust Fund C	Contribution.		Added to Fees	Flori	ida Depart	tment of St	ate
10. TITLE NAME	OFFICERS AND DI PD SAMMONS, JEFF	Trust Fund C	11. TITLE NAME	वद	Added to Fees	Flori ES TO OFFICER	ida Depart	tment of St	ate
TITLE	OFFICERS AND DI	Trust Fund C	11.	PD, Tr.	Added to Fees ADDITIONS/CHANG Share O'K William	Floor ES TO OFFICER Elley S 54	ida Depari	RECTORS IN	10 Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DI PD SAMMONS, JEFF 313 WILLIAMS ST.	Trust Fund C	11. TITLE NAME STREET ADDRESS	PD, Tr.	Added to Fees	Floor ES TO OFFICER Elley S 54	ida Depari	ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DI PD SAMMONS, JEFF 313 WILLIAMS ST. TALLAHASSEE, FL 32303 STD	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD, Tr.	Added to Fees ADDITIONS/CHANG Share O'K William	Floor ES TO OFFICER Elley S 54	ida Depari	TRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DI PD SAMMONS, JEFF 313 WILLIAMS ST. TALLAHASSEE, FL 32303 STD WILLIAMSON, JERRY 313, WILLIAMS ST SUITE 1 TALLAHASSEE, FL 32303 VPD MOORE, ALLEN	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	PD, Tra	Added to Fees ADDITIONS/CHANG Shillian Nuhas	Flori ES TO OFFICER Elley TS SY Lsee F	Ida Depart	TRECTORS IN Change	10 Addition
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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

SIGNATURE AND TYPED GAPRINTED NAME OF SIGNING OFFICER OR DIRECTOR