

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90378 007 \*\*\*\*61.25

**DOCUMENT # N02000003711**

1. Entity Name  
**CROWDER COMMONS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1972 CROWDER ROAD  
UNIT #3  
TALLAHASSEE, FL 32303**

Mailing Address  
**3013 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308**

**40061270**



2. Principal Place of Business

3. Mailing Address  
**PO Box 182649**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006 Chg-NP CR2E037 (11/05)

City & State

City & State  
**Tallahassee, FL**

4. FEI Number  
**20-4445541**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32318**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEAN, ROBERT C  
601 HILLCREST STREET  
TALLAHASSEE, FL 32308**

Name  
**William M. Farrell**

Street Address (P.O. Box Number is Not Acceptable)  
**1972 Crowder Road, #3**

City  
**Tallahassee FL** Zip Code  
**32303**

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 **William M. Farrell/President**

**1/31/06**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
DEAN, ROBERT C  
601 HILLCREST ST  
TALL, FL 32308** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
William M. Farrell  
1972 Crowder Road, Unit #3  
Tallahassee, FL 32303** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
DEAN, CARLTON  
3013 THOMASVILLE RD  
TALL, FL 32308** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/D  
Frank Rahimi  
PO Box 15551  
Tallahassee, FL 32317** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
Paul L. Hyatt  
1972 Crowder Road, Unit #3  
Tallahassee, FL 32303** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/D  
Angela S. Buchholz  
1972 Crowder Road, Unit #3  
Tallahassee, FL 32303** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 life empowered.

SIGNATURE: *William M. Farrell*

**William M. Farrell/President**

**562-4996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/31/06**

Daytime Phone #