

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90057 045 \*\*\*\*61.25

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # N02000003711</b>  |   |   |  |  |  |
| <b>1. Entity Name</b><br>CROWDER COMMONS CONDOMINIUM ASSOCIATION, INC.  |   |   |  |  |  |
| <b>Principal Place of Business</b><br>1972 CROWDER ROAD<br>UNIT #3<br>TALLAHASSEE, FL 32303   |   |   | <b>Mailing Address</b><br>POB 182649<br>TALLAHASSEE, FL 32318  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  | <b>4. FEI Number</b><br>20-4445541   |  |
| Zip   |   | Country   |  | Zip  |  |
| City & State  |   | City & State  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>FARRELL, WILLIAM M<br>1972 CROWDER RD 3<br>TALLAHASSEE, FL 32303  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Angela S. Buchholz</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1972 Crowder Road, Suite 3</u><br>City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32303</u> |  |  |
| <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.</b>  |   |   |  |  |  |
| SIGNATURE <u>Angela S. Buchholz</u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |   |  |  | DATE <u>2/16/07</u>  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>FARRELL, WILLIAM M<br>1972 CROWDER RD UNIT 3<br>TALLAHASSEE, FL 32303  | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>RAHIMI, FRANK<br>POB 15551<br>TALLAHASSEE, FL 32317                  | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HYATT, PAUL L<br>1972 CROWDER RD UNIT 3<br>TALLAHASSEE, FL 32303      | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>BUCHHOLZ, ANGELA S<br>1972 CROWDER RD UNIT 3<br>TALLAHASSEE, FL 32303 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V/D<br>Speights, Philip<br>4301 Kensington Road<br>Tallahassee, FL 32303           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| <b>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.</b> |   |   |  |  |  |
| <b>SIGNATURE:</b>   |   |   | Angela S. Buchholz   |  | 2/16/07 (850)562-4996  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <small>Date</small>  |  | <small>Daytime Phone #</small>   |

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