2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State
02-25-2005 90151 019 ****61.25

DOCUMENT # N02000007477

1. Entity Name
1804 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1815 MICCOSUKEE COMMONS DR STE 104 TALLAHASSEE, FL 32308	PO BOX 14019 TALLAHASSEE, FL 32317

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 53-0800289 ☐ Applied For ☐ Not Applicable

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
SEGAL, TRACY 1815 MICCOSUKEE COMMONS DR STE 104 TALLAHASSEE, FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2005

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	D NOBLIN, MILLARD J 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Gary Printy 1804 Miccosukee Commons Dr. Tallahassee, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLIN, MAX P 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Lourenco Luiz 1804 Miccosukee Commons Dr Tallahassee, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLIN, BARBARA P 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Nancy Wright 1804 Miccosukee Commons Dr. Tallahassee, FL 32308	☐ 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	ENT'D FEB 07 2005 J10 46844 5600	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAID FEB 07 2005	☐ 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 exemption stated in Section 119.07(3)(i), 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: _____ 2/21/05 385-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #