

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90016 019 \*\*\*\*61.25

**DOCUMENT # N02000007477**

1. Entity Name  
1804 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1815 MICCOSUKEE COMMONS DR  
STE 104  
TALLAHASSEE, FL 32308

Mailing Address  
PO BOX 14019  
TALLAHASSEE, FL 32317

900300



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

~~LEGAL TRACY~~ TAMMY DAUGHTRY  
1815 MICCOSUKEE COMMONS DR  
STE 104  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
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]*

Tammy Daughtry

3-14-06

(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 NAME STREET ADDRESS CITY - ST - ZIP	PD PRINTY, GARY 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LOURENCO, LUIZ 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WRIGHT, NANCY 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06

Date

880 817 727

Daytime Phone #