



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90035 037 ****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		
2. Principal Place of Business - No P.O. Box # 1804 Miccosukee Commons Dr. Suite, Apt. #, etc. STE 210 City & State TALLAHASSEE, FL Zip 32308		3. Mailing Address 1804 Miccosukee Commons Dr. Suite, Apt. #, etc. STE 210 City & State TALLAHASSEE, FL Zip 32308			
4. FEI Number 53-0800289		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02222007 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent REED, CHARLES J 2828 REMINGTON GREEN S. TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD PRINTY, GARY <input type="checkbox"/> Delete 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1804 Miccosukee Commons Dr. #200	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOURENCO, LUIZ <input type="checkbox"/> Delete 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1804 Miccosukee Commons Dr. #208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, NANCY <input type="checkbox"/> Delete 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1804 Miccosukee Commons Dr. #210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/07 656-336/ <small>Date Daytime Phone #</small>		