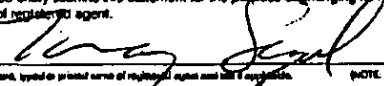
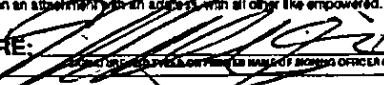


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-15-2003 90108 033 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000007477			
1. Entity Name 1804 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308		Mailing Address 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308	
2. Principal Place of Business 1815 Miccosukee Commons Dr Suite, Apt. #, etc. Suite PH		3. Mailing Address P.O. Box 14019 Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32308		Zip 32317	
Country USA		Country USA	
4. Filing Number 55-0800289		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOBLIN, MILLARD J 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Tracy Segal Street Address (P.O. Box Number is Not Applicable) 1815 Miccosukee Commons Dr. Suite 104 City Tallahassee, FL Zip Code 32308	
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 obligation of, registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		DATE Tracy Segal	
FILE NOW, FEES (\$31.25)		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D NOBLIN, MILLARD J 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308		☐ Delete ☐ Change ☐ Addition	
D NOBLIN, MAX P 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308		☐ Delete ☐ Change ☐ Addition	
D NOBLIN, BARBARA P 1809 MICCOSUKEE COMMONS DRIVE #112 TALLAHASSEE, FL 32308		☐ Delete ☐ Change ☐ Addition	
☐ Delete ☐ Change ☐ Addition		☐ Delete ☐ Change ☐ Addition	
☐ Delete ☐ Change ☐ Addition		☐ Delete ☐ Change ☐ Addition	
☐ Delete ☐ Change ☐ Addition		☐ Delete ☐ 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)(f), 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an statement with authority with all other like empowered.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		DATE 4/11/03 385-0094	