## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005374

FILED May 01, 2006 Secretary of State

Entity Name: COLLEGE AVENUE COURTYARD CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 641 E. COLLEGE AVENUE TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 641 E. COLLEGE AVENUE PO BOX 853 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32302 US FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TERRAFERMA, FRANK TERRAFERMA, FRANK 641 E. COLLEGE AVENUE 641-1 E. COLLÈGE AVENUE US TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 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. SIGNATURE: FRANK TERRAFERMA 05/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FRY, DOROTHY L Name: Name: Address: 105 SHADY LANE Address: City-St-Zip: LONGWOOD, FL 327502813 City-St-Zip: Title: VTD () Delete Title: () Change () Addition Name: FRY, JESSE R Name: Address: 641 E. COLLEGE AVENUE UNIT 2 Address: City-St-Zip: TALLAHASSEE, FL 323012510 City-St-Zip: Title: PSD () Delete Title: () Change () Addition TERRAFERMA, FRANK M Name: Name: 641 E. COLLEGE AVENUE UNIT 1 Address: Address: City-St-Zip: TALLAHASSEE, FL 323012510 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK TERRAFERMA PSD 05/01/2006