## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90016 014 \*\*\*\*61.25

DOCUMENT	°# N0500000148	}4
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1. Entity Name
DELTA WAY OFFICE CONDOMINIUM ASSOCIATION,



					COO WE THE					
Principal Place of Business 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32311			Mailing Address 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32311			40045513				
2. Principal Pl 2/04	ace of Busin	is Way	3. Mailing Address 2/04 Deffe	Way						
Suite, Apt.			Suite, Apt. #, etc.			03212006	Chg-NP		037 (11/05)	
Talla	City & State Tallahascee, FL		City & State, Jallahassee, FL		4. FEI Numbe	86-113	7251	Ar No	oplied For ot Applicable	
Zip 3234	03	Country	Zip32303	Country	•	ŀ	of Status Desired		\$8.75 Add	
	6. Name	and Address of Current I	Registered Agent	- I			Address of New		Agent	
JOHNSTON 3402 APAL TALLAHAS	ACHEE P	PARKWAY			/	POBOX Number	er is Not Acceptab		/4 <u>.</u>	
				C	50,12	26		-	■ Zin-Corl	<u> </u>
·					" /a.//	chassee		F	L [ <i>]23</i>	<i>ઇ3</i>
		v submits this statement for ered agent	the purpose of changing it	s registered of	ffice or registe	red agent, or bot	h, in the State of F	lorida. Lan	n familiar with,	and accept
			-	Polar	1110		- ^	2-2	1-00	
SIGNATURE .		or printed name of registered agent a			ent signature required	d when reinstating)	<i>(</i> .	3-31 DATE	1-06	
	Filing Fe	e is \$61.25	9. Election Ca	ampaign Finan	ncing	\$5.00 u	_   ' '	Make che	ck payable t	•
	Due by M	lay 1, 2006	Trust Fund	Contribution.		\$5.00 May 8 Added to Fees	e		artment of S	1
10.	Due by M	·		Contribution.		Added to Fees	e	orida Depa	artment of S	tate
10.	Due by M	lay 1, 2006			- 13/2P	Added to Fees ADDITIONS/CH	FIG ANGES TO OFFIC	ERS AND D	artment of S	tate
	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND DIF	RECTORS	11,	- 13/2P	Added to Fees ADDITIONS/CH	FIG ANGES TO OFFIC	ERS AND D	artment of S	tate
TITLE	DP BENNETT	OFFICERS AND DIF	RECTORS	11. TITLE NAME STREET AD	DP FR	Added to Fees  ADDITIONS/CH.  Chaff M.	ANGES TO OFFICE POWERS	ERS AND C	artment of S	tate
TITLE NAME	DP BENNETT 3402 APA	OFFICERS AND DIF	RECTORS	11. TITLE NAME	DP FR	Added to Fees  ADDITIONS/CH.  Chard M.  OH Delta  Allahass	ANGES TO OFFICE  POWERS  WAY  SEE FR 3	ERS AND C	DIRECTORS IN Change	tate
TITLE NAME STREET ADDRESS	DP BENNETT 3402 APA TALLAHA DST	OFFICERS AND DIF T, JIM LACHEE PARKWAY SSEE, FL 32311	RECTORS	11. TITLE NAME STREET AD CITY-ST-2 TITLE	DP FR	Added to Fees  ADDITIONS/CH.  Chard M.  OH Delta  Allahass	ANGES TO OFFICE  POWERS  WAY  SEE FR 3	ERS AND C	artment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP BENNETT 3402 APA TALLAHA DST JOHNSTO	OFFICERS AND DIF T, JIM LACHEE PARKWAY SSEE, FL 32311	RECTORS	11. TITLE NAME STREET AD CITY-ST-2 TITLE NAME	DP FIRE ZIP	Added to Fees  ADDITIONS/CH.  Charl M.  OH DEHA  A HAARS  Croig Cro  OH DEHA  OH DEHA	POWER SU POWER SU FF FE S OSBY, DS Way, Su	ers and c AEC 2303 AE7	DIRECTORS IN Change	tate  1 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP BENNETT 3402 APA TALLAHA DST JOHNSTO 3402 APA	OFFICERS AND DIF T, JIM LACHEE PARKWAY SSEE, FL 32311 ON, MICHELLE LACHEE PARKWAY	RECTORS	11. TITLE NAME STREET AD CITY-ST-2 TITLE	DP FINANCIAL PROPERTY OF THE P	Added to Fees  ADDITIONS/CH.  Schald M.  Schald M.  Allahars  Croig Cro  OH Della  Allahars	ANGES TO OFFICE POWER SU SEF FU S ONDY, DS ONDY, DS WAY, SU TH, 323	erida Deparente de la Constantia de la C	DIRECTORS IN Change	tate  1 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP BENNETT 3402 APA TALLAHA DST JOHNSTO 3402 APA	OFFICERS AND DIF T, JIM LACHEE PARKWAY SSEE, FL 32311	RECTORS	11. TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AD	DP FINANCIAL PROPERTY OF THE P	Added to Fees  ADDITIONS/CH.  Schald M.  Schald M.  Allahars  Croig Cro  OH Della  Allahars	ANGES TO OFFICE POWER SU SEF FU S ONDY, DS ONDY, DS WAY, SU TH, 323	erida Deparente de la Constantia de la C	DIRECTORS IN Change	tate  1 10 Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hehard H. POWER 1881. 3-31-00 850-224-5596