

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 # N05000001484

1. Entity Name
DELTA WAY OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3402 APALACHEE PARKWAY
TALLAHASSEE, FL 32311

Mailing Address
3402 APALACHEE PARKWAY
TALLAHASSEE, FL 32311

40045513



2. Principal Place of Business
2104 Delta Way

3. Mailing Address
2104 Delta Way

Suite, Apt. #, etc.
Suite 6

Suite, Apt. #, etc.
Suite 6

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32303

Zip
32303

Country

Country

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number *861137851*

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, MICHELLE
3402 APALACHEE PARKWAY
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name *Richard M. Powers, P.A.*

Street Address (P.O. Box Number is Not Acceptable)
2104 Delta Way

Suite 6

City *Tallahassee* FL Zip Code *32303*

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]*, *Richard M. Powers, Pres.* *3-31-06*

Signature, typed or printed name of registered agent and title if applicable. (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

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	DP BENNETT, JIM 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Richard M. Powers 2104 Delta Way, Suite 6 Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSTON, MICHELLE 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. Craig Crosby, DS 2104 Delta Way, Suite 7 Tallahassee, FL 32303 <input checked="" 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	Bert Bevis, DTreas. 2104 Delta Way, Suite 4 Tallahassee, FL 32303 <input checked="" 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
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: *[Signature]* *Richard M. Powers, Pres.* *3-31-06* *850-224-5596*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #