## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOCUMENT # N05000001484** 

DELTA WAY OFFICE CONDOMINIUM ASSOCIATION.

INC.

Principal Place of Business

2104 DELTA WAY

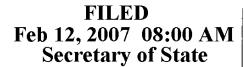
STE 6 TALLAHASSEE, FL 32303

Mailing Address

2104 DELTA WAY

STE 6

TALLAHASSEE, FL 32303





01232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 86-1137851

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

POWERS, RICHARD M PA

2104 DELTA WAY

## DO NOT WRITE

|  |  | IN THIS SPACE                 |                                |  |
|--|--|-------------------------------|--------------------------------|--|
| 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |  |                               |                                |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007  | Election Campaign Finance     Trust Fund Contribution. | cing                          | \$5.00 May Be<br>Added to Fees | U00000632379<br>02/21/07-80019-021 61.25 |
| 10. OFFICERS AND I  TITLE NAME POWERS, RICHARD M STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303  TITLE DT NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 | DIRECTORS  | DO NOT WRITE<br>IN THIS SPACE |                                |  |
| TITLE MAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS  |  |                               |                                |  |

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:

CITY-ST-ZIP