

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004158

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** THE CLOISTERS OF ALL SAINTS CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

415 ALL SAINTS ST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 388  
TALLAHASSEE, FL 32301

**New Mailing Address:**

P.O. BOX 13089  
TALLAHASSEE, FL 32317

**FEI Number:** 02-0768422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANAGEMENT SOUTH, LLC  
300 S DUVAL  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

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: ROBERT S. RHINEHART

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NICKLES, DAVID  
Address: 135 MARSH GLEN PT NW  
City-St-Zip: ATLANTA, GA 30328

Title: VP  
Name: RODRIGUEZ, DIANNE  
Address: 415 ST. FRANCIS STREET UNIT 121  
City-St-Zip: TALLAHASSEE, FL 32301

Title: TS  
Name: NEDLEY, CARMIN  
Address: 415 ST. FRANCIS STREET UNIT 127  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: ROBERT S. RHINEHART

RA

04/25/2012

Electronic Signature of Signing Officer or Director

Date