

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90105 041 \*\*\*\*61.25

**DOCUMENT # N05000006774**

1. Entity Name  
**TALLAHASSEE CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**215 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301**

Mailing Address  
**C/O THE ALAI GROUP, INC.  
200 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**528 E. Park Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State

City & State  
**Tallahassee, FL**

4. FEI Number  
**14-1970316**

Applied For  
Not Applicable

Zip

Country

Zip  
**32301**

Country

**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE ALAI GROUP, INC.  
200 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301**

Name

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

**528 E. Park Ave.**

City

**Tallahassee**

**FL**

Zip Code

**32301**

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

**Sean D. Kopp**

**4/18/08**

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, 2008**

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  
**PD  
PAGER, BRADFORD  
2555 CUMBERLAND PKWY., SUITE 200  
ATLANTA, GA 30339** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
DANA BAUS  
215 W COLLEGE AVE  
TALLAHASSEE FL 32301** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
THARPE, PRSCILLA  
2555 CUMBERLAND PKWY., SUITE 200  
ATLANTA, GA 30339** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DUANE DOBLAR  
215 W COLLEGE AVE  
TALLAHASSEE FL 32301** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
DOBLER, DUANE  
2555 CUMBERLAND PKWY., SUITE 200  
ATLANTA, GA 30339** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DAN POLLOCK  
215 W COLLEGE AVE  
TALLAHASSEE FL 32301** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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CITY - ST - ZIP  
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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:

**Sean D. Kopp**

**4/18/08**

**(850) 894-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #