2007 NOT-FOR-PROFIT CORPORATION

FILED Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90155 012 ****61.25

ANNUAL REPORT DOCUMENT # N06000002689

1. Entity Name TALLAHASSEE STUDENT APARTMENT ASSOCIATION, INC.							Ç.	. 0 2 007 90 1 33 01	.2		
Principal Place of Business 1918 W TENNESSEE STREET TALLAHASSEE, FL 32304			Mailing Address 1918 W TENNESSEE STREET TALLAHASSEE, FL 32304				40000200				
2 Principal P	Place of Business - No P.O. Box #	3 Mai	ling Address	·····							
Same as above			Same as above					DINI DENI CENS CENI COM COM	O ELUKO ØIINI LOKS LI	IIII At IN N	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04122007 Chg-NP CR2E037 (12/06)				
City & Stat	e	Cit	City & State				4. FEI Number 75-33	11359		pplied For ot Applicable	
Zip	Country	Country Zip Co			ntry		Certificate of Status Desired				
	6. Name and Address of Curren	t Registere	d Agent				7. Name and Add	ress of New Registere	d Agent		
HUNTER, CURTIS B						Chr	istina wimberley				
2075 CENTRE POINTE BLVD Street					Street A	ddress (I	dress (P.O. Box Number is Not Acceptable)				
					City -1	all	ahassee	F	L z 355	1 804	
	named entity submits this statement tools of registered agent.	or the purp	ose of changing its	registere	d office or	register	ed agent, or both, in	the State of Florida. I a	m familiar with	, and accept	
and obligat	M	1.	1	_							
SIGNATURE	Signature, typed or printed name of registered ager		NICABLE (NICE	Bogistarad	Agent signate	vo conviced	when reinstating)	4-1 (o-07		
· .	argentino, report of printed mains an existence ago.	, and 1100 11 aps	(101)	riegisteleu	Agent signati	ura regunad	witch formstatis (2)		· · · · · · · · · · · · · · · · · · ·		
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Finance Trust Fund Contribution.					_		\$5.00 May Be Added to Fees	ł	eck payable to partment of S		
10.	OFFICERS AND D	IRECTORS		11.			ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, CHUCK 1918 W TENNESSEE STREET TALLAHASSEE, FL 32304		☐ Delete	9					☐ Change	☐ Addition	
NAME NAME STREET ADDRESS CITY-ST-ZIP	D WIMBERLY, CHRISTINA 1918 W TENNESSEE STREET TALLAHASSEE, FL 32304		☐ Delete		T ADORESS ST-ZIP	Chr	ristinau	uimberley	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOT, JENNIFER 1325 W THARPE ST TALLAHASSEE, FL 32303	/	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, KEY 1505 W THARPE STREET TALLAHASSEE, FL 32303		☐ Delete			Ke	ey Harrisa	on-cofty	X Change	Addition	
TITLE NAME .STREET ADDRESS _CITY-ST-ZIP	D BLACK, KATIE 1505 W THARPE ST TALLAHASSEE, FL 32303		☐ Delete			X	atie Sh	niver	Change	Addition	
TITLE NAME \$TREET ADDRESS .CITY-ST-ZIP	D HANNAH, ERICKA 222 OCALA RD TALLAHASSEE, FL 32304	✓	☐ Delele						☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee employer or an attachment with an address	is true and powered to	accurate and that re execute this report	ny signate as require	ure shall h	ave the :	same legal effect as	if made under oath; that	t I am an office	r or director or Block 11 if	