2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# N06000002689

Entity Name: TALLAHASSEE STUDENT APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

1918 W TENNESSEE STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

1918 W TENNESSEE STREET
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 75-3211359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIMBERLEY, CHRISTINA
1918 W TENNESSEE ST
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOWELL, CHUCK
Address: 1918 W TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: WIMBERLY, CHRISTINA
Address: 1918 W TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: ELLIOT, JENNIFER
Address: 1325 W THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: HARRISON COFTY, KEY
Address: 1505 W THARPE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: SHIVER, KATIE
Address: 1505 W THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: HANNAH, ERICKA
Address: 222 OCALA RD
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PRESSEL, AARON
Address: 1505 W THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINA D WIMBERLEY D 01/11/2008

Electronic Signature of Signing Officer or Director — Date