

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004287

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** CHATEAU DE VILLE OF TALLAHASSEE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2020 CONTINENTAL AVENUE  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

209 EAST BREVARD STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 20-4755141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULLER, DENNIS R  
209 EAST BREVARD STREET  
TALLAHASSEE, FL 32301 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: T  
Name: REICHERT, CYNTHIA  
Address: 2101 WATERS MEET DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: P  
Name: MILLER, RANDY  
Address: 1334 MILLSTREAM RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S  
Name: BRYANT, BENJIE  
Address: 3522 TULLAMORE LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP  
Name: RAMALA, ZAIN  
Address: 2020 CONTINENTAL AVE. #219  
City-St-Zip: TALLAHASSEE, FL 32304

Title: M  
Name: CROSBY, JOSEPH  
Address: 2020 CONTINENTAL AVE #128  
City-St-Zip: TALLAHASSEE, FL 32304

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: DENNIS R FULLER

RA

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date