

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000004541

1. Entity Name
**MAHAN PROFESSIONAL CENTER CONDOMINIUM
BUILDING NUMBER SIX OWNERS' ASSOCIATION, INC.**



Principal Place of Business
**1618 MAHAN CENTER BOULEVARD, SUITE 103
TALLAHASSEE, FL 32308**

Mailing Address
**1618 MAHAN CENTER BOULEVARD, SUITE 103
TALLAHASSEE, FL 32308**



02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5027750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMER, JR., WALDO H
1618 MAHAN CENTER BOULEVARD, SUITE 103
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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

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**

**000000619723
02/15/08-80095-016 61.25**

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|---|
| TITLE | DS |
| NAME | PALMER, JR., WALDO H |
| STREET ADDRESS | 1618 MAHAN CENTER BOULEVARD, SUITE 103 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | DP |
| NAME | DEAN, ROBERT C |
| STREET ADDRESS | 1618 MAHAN CENTER BOULEVARD, SUITE 103 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | DT |
| NAME | DEAN, R. CARLTON |
| STREET ADDRESS | 1618 MAHAN CENTER BOULEVARD, SUITE 103 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/08