

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000004544**

1. Entity Name  
**MAHAN PROFESSIONAL CENTER CONDOMINIUM  
BUILDING NUMBER TWO 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  
**20-5020128**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PALMER, WALDO HAROLD JR.  
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**

**U000000819718  
02/15/08-80095-014 61.25**

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DEAN, ROBERT C<br>1618 MAHAN CENTER BOULEVARD<br>TALLAHASSEE, FL 32308           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>PALMER, WALDO HAROLD JR.<br>1618 MAHAN CENTER BOULEVARD<br>TALLAHASSEE, FL 32308 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DEAN, R. CARLTON<br>1618 MAHAN CENTER BOULEVARD<br>TALLAHASSEE, FL 32308         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 like empowered.

(SIGNATURE:)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/5/08**