

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005241

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** CAPITAL CIRCLE COMMERCE CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

508-A CAPITAL CIRCLE S.E.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

502 - C CAPITAL CIRCLE S.E.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

217 JOHN KNOX ROAD  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 56-2597854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, FREDERICK E  
508-A CAPITAL CIRCLE S.E.  
TALLAHASSEE, FL 32301 US

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

TURNER HERITAGE HOMES, INC.  
502-C CAPITAL CIRCLE S.E.  
TALLAHASSEE, FL 32301 US

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: DONNIE KEAN

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TURNER, DOUG  
Address: 502 - C CAPITAL CIRCLE S.E.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: ALLMAN, LEE  
Address: 502 - C CAPITAL CIRCLE S.E.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: DAVIS, SHANN  
Address: 500 - A CAPITAL CIRCLE S.E.  
City-St-Zip: TALLAHASSEE, FL 32301

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: DOUG TURNER

D

04/25/2011

Electronic Signature of Signing Officer or Director

Date