


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90395 001 ****30.62
04-19-2007 90395 002 ****30.63

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|---|------------------------|---|------------------------|
| DOCUMENT # N06000005697 | |  | |
| 1. Entity Name RAYMOND DIEHL OFFICE CONDOMINIUMS ASSOCIATION, INC. | | | |
| Principal Place of Business 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308 | | Mailing Address 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308 | |
| 2. Principal Place of Business - No P.O. Box # 2022-2 Raymond Diehl Rd. | | 3. Mailing Address 2022-2 Raymond Diehl Rd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Tallahassee, FL | | City & State Tallahassee, FL | |
| Zip 32308 | Country Leon | Zip 32308 | Country Leon |
| 6. Name and Address of Current Registered Agent WALLACE, RON P 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308 | | 7. Name and Address of New Registered Agent Name Hettie Spooner Street Address (P.O. Box Number is Not Acceptable) 2022-2 Raymond Diehl Rd. City Tallahassee FL Zip Code 32308 | |
| 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 <u>Hettie Spooner</u> DATE <u>2/27/07</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |



1st MOORE CR2E037 (10/06)

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JARRETT, JAMES A 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Hettie Spooner 2022-2 Raymond Diehl Rd. Tallahassee, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALLACE, RON P 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Michael Ufferman 2022-1 Raymond Diehl Rd. Tallahassee, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Hettie Spooner DATE: 2/27/07 (850)907-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR