

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 30 AM 11:06


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000006358

1. Entity Name
ADAMS PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3000 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301**

Mailing Address
**3000 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO Box 13089

Suite, Apt. #, etc.

City & State
Tallahassee FL

4. FEI Number

Applied For
 Not Applicable

Zip Country
32317 US

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

6. Name and Address of Current Registered Agent

**3000 SOUTH ADAMS, LLC
2020 WEST PENSACOLA ST SUITE 27
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent

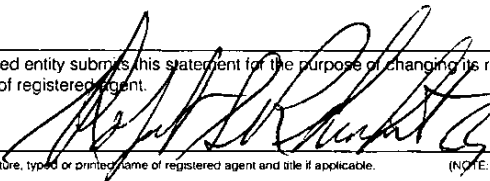
Name
Robert S. Rhinehart, CAM

Street Address (P.O. Box Number is Not Acceptable)
**Executive Management Services, Inc.
644 Capital Circle NE**

City
Tallahassee FL

Zip Code
32301

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  DATE **4/10/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

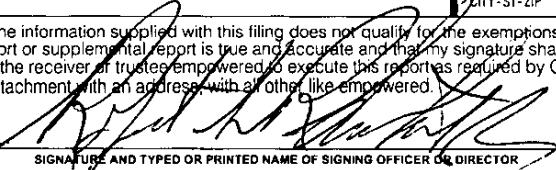
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONI, STEVEN M 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304 <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	VPD MINARDI, R. DEAN 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304 <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	D RUDNICK, JAMES M 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304 <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	ST SAULS, JAMES 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304 <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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05/14/07--01013--010 ****\$61.25**

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 an other like empowered.

SIGNATURE:  DATE: **4/20/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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