
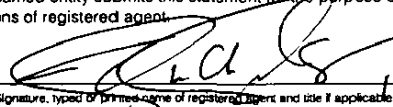



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90107 024 \*\*\*\*61.25

<b>DOCUMENT # N06000006358</b>			
1. Entity Name ADAMS PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3000 SOUTH ADAMS STREET TALLAHASSEE, FL 32301		Mailing Address <del>PO BOX 13089</del> <del>TALLAHASSEE, FL 32317</del>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 2535	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee, FL	
Zip	Country	Zip	Country
		32316	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RHINEHART, ROBERT S CAM EXECUTIVE MANAGEMENT SERVICES, INC. 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301		Name: JAMES SAULS Street Address (P.O. Box Number is Not Acceptable): 2020 WEST PENSACOLA ST, SUITE 27 City: Tallahassee FL Zip Code: 32316	
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: 		Name: James Sauls DATE: 4/17/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 2535 Tallahassee, FL 32316
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 2535 Tallahassee, FL 32316
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 2535 Tallahassee, FL 32316
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 2535 Tallahassee, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <del>2020 WEST PENSACOLA STREET SUITE 27</del> <del>Tallahassee, FL 32301</del> 32316
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
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: 		Date: 4/17/08 850-580-0000 Daytime Phone #	