

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006358

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ADAMS PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3000 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

3000 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

PO BOX 2535  
TALLAHASSEE, FL 32316 US

**New Mailing Address:**

FEI Number: 20-4649087      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SAULS, JAMES  
2020 WEST PENSACOLA STREET, SUITE 23  
TALLAHASSEE, FL 32314 US

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

LEONI, STEVEN M  
2020 WEST PENSACOLA STREET  
SUITE 27  
TALLAHASSEE, FL 32304 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: STEVEN M. LEONI

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEONI, STEVEN M  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316

Title: VPD ( ) Delete  
Name: MINARDI, R. DEAN  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316

Title: D ( ) Delete  
Name: RUDNICK, JAMES M  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316

Title: ST ( ) Delete  
Name: SAULS, JAMES  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEONI, STEVEN M  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: VPD (X) Change ( ) Addition  
Name: MINARDI, R. DEAN  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: D (X) Change ( ) Addition  
Name: RUDNICK, JAMES M  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: ST (X) Change ( ) Addition  
Name: SAULS, JAMES  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN M. LEONI

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date