

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

FILED
Sep 14, 2007 8:00 am
Secretary of State

08-07-2007 90028 042 ****61.25

DOCUMENT # N06000012637					
1. Entity Name FANNIE DRIVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2910 KERRY FOREST PKWY D-4128 TALLAHASSEE FL 32309			Mailing Address 2910 KERRY FOREST PKWY D-4128 TALLAHASSEE FL 32309		
2. Principal Place of Business - No P.O. Box # 5 am			3. Mailing Address 5 am		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 38-3759683	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, KIMBERLY L HAYWARD & GRANT, P.A. 2121-G KILLARNEY WAY TALLAHASSEE FL 32309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>George Ragheb</u> <u>George Ragheb</u> <u>8/3/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW: FEE IS \$61.25 Due By September 5, 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	PS RAGHEB, GEORGE 2910 KERRY FOREST PKWY D-4128 TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PELHAM, JOHN S 2910 KERRY FOREST PKWY D-4128 TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>George Ragheb</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>9/8/07</u> <u>(850) 528-5667</u> Date Dues/fees Page #		