

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90004 002 ****61.25

DOCUMENT # N13274

1. Entity Name
**ST. ANDREWS III OF TALLAHASSEE CONDOMINIUM
ASSOCIATION INC.**



Principal Place of Business
**1970-B NICKLAUS DR.
TALLAHASSEE, FL 32301-3097**

Mailing Address
**1970-B NICKLAUS DR.
TALLAHASSEE, FL 32301-3097**

50063631



2. Principal Place of Business
965 Captram Rd.
Suite, Apt. #, etc.

3. Mailing Address
965 Captram Rd.
Suite, Apt. #, etc.

07272005 Chg-NP CR2E037 (10/03)

City & State
Tallahassee FL
Zip
32317
Country
USA

City & State
Tallahassee FL
Zip
32317
Country
USA

4. FEI Number
59-2652317
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESNER, SARAH C
1970-B NICKLAUS DR.
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

965 Captram Rd.

City

Tall

FL

Zip Code

32317

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 **Sarah Esner**

Sarah Esner

8/22/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

TITLE **PD** ☐ Delete
NAME **MADDEN, EUGENE J**
STREET ADDRESS **1970-B NICKLAUS DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **TD** ☐ Delete
NAME **ESNER, SARAH**
STREET ADDRESS **1970-B NICKLAUS DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32301-3097**

TITLE **SD** ☐ Delete
NAME **CHIEKO, ALFORD**
STREET ADDRESS **1970-B NICKLAUS DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1114 GREYBEAR COURT**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **965 Captram Rd**
CITY-ST-ZIP **Tallahassee, FL 32317**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9 south W Street**
CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Sarah Esner** **Sarah Esner**

8/22/05

850 566-9522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #