

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13274**

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



Principal Place of Business  
**965 CAPTRAN RD  
TALLAHASSEE, FL 32317**

Mailing Address  
**965 CAPTRAN RD  
TALLAHASSEE, FL 32317**



07172006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
965 CAPTRAN RD  
TALLAHASSEE, FL 32317**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MADDEN, EUGENE J  
1114 GREYSTONE COURT  
TALLAHASSEE, FL 32311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
ESNER, SARAH  
965 CAPTRAN RD  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CHIEKO, ALFORD  
9 SOUTH 1 STREET  
LAKE WORTH, FL 33460**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000574432  
08/15/06-80004-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/17/06**

Date

**922-5733**

Daytime Phone #