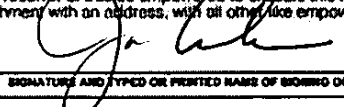


FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90025 017 ****61.25

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

DOCUMENT # N13274			
1. Entity Name ST. ANDREWS III OF TALLAHASSEE CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 965 CAPTRAM RD TALLAHASSEE, FL 32317		Mailing Address 965 CAPTRAM RD TALLAHASSEE, FL 32317	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 CAPTRAM RD TALLAHASSEE, FL 32317		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	PO MADDEN, EUGENE J 1114 GREYSTONE COURT TALLAHASSEE, FL 32311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO JON VAN ARNAM 2664 EXUMA RD. WEST PALM BEACH, FL 33406 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESNER, SARAH 965 CAPTRAM RD TALLAHASSEE, FL 32317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EUGENE MADDEN 1114 GREYBARK CT. TALLAHASSEE, FL 32311 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANARN, JON 2664 EXUMA RD WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARAH ESNER 965 CAPTRAM RD. TALLAHASSEE, FL 32317 ☒ 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 office empowered.			
SIGNATURE: 		Date: 5/1/08 Daytime Phone #: 561-762-0359	