2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41388

FILED Apr 28, 2004 Secretary of State

Entity Name: CAPITAL CITY APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
431 WAVEI TALLAHAS	RLY RD. SEE, FL 323	312				
Current Mailing Address:				New Mailing Address:		
431 WAVEI TALLAHAS	RLY RD. SEE, FL 323	312				
FEI Number:	59-3040056	FEI Number Applied For ()	FEI Nun	mber Not Appl	licable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:
ISAACS, DA 431 WAVEI TALLAHAS		312 US				
The above in the State		submits this statement for the	purpose o	of changing i	ts registered	office or registered agent, or both,
SIGNATUR						
	Electro	nic Signature of Registered Ag	jent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	EVP (ISAACS, DAN 431 WAVERLY TALLAHASSER	Y RD.		Title: Name: Address: City-St-Zip:	(() Change () Addition
Title: Name: Address: City-St-Zip:	DVP (RENDER, MIK 313 WILLIAMS TALLAHASSER	SSTREET		Title: Name: Address: City-St-Zip:	(() Change () Addition
Title: Name: Address: City-St-Zip:	DVP (EDWARDS, K 1327 HIGH RC TALLAHASSE	DAD		Title: Name: Address: City-St-Zip:	DP (EDWARDS, k 2039 N. MER TALLAHASSE	IDIAN ROAD
Title: Name: Address: City-St-Zip:	DVP (MILLER, MICH 1128 OCALA F TALLAHASSER	ROAD		Title: Name: Address: City-St-Zip:	(() Change () Addition
Title: Name: Address: City-St-Zip:	DP (MOORE, CON 2055 THOMAS TALLAHASSER	SVILLE ROAD		Title: Name: Address: City-St-Zip:	BELTZ, BRIA	ERSON STREET
Title: Name: Address: City-St-Zip:	DS (HUTCHISON, I 233 OFFICE F TALLAHASSEI	PLAZA		Title: Name: Address: City-St-Zip:	DVP (HUTCHISON, 536 N. MONR TALLAHASSE	OE STREET

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAN LEE ISAACS EVP 04/28/2004