2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N41388

Entity Name: CAPITAL CITY APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY RD.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3040056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: EVP ( ) Delete
Name: ISAACS, DAN L
Address: 431 WAVERLY RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: DVP ( ) Delete
Name: RENDER, MICHELLE
Address: 300 - A WEST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: EDWARDS, KAY
Address: 2039 N. MERIDIAN ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP ( ) Delete
Name: MILLER, MICHELLE
Address: 1128 OCALA ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: DVP ( ) Delete
Name: BELTZ, BRIANNE
Address: 522 E. JEFFERSON STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP ( ) Delete
Name: HUTCHISON, LINDA
Address: 536 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: MILLER, MICHELLE
Address: 1128 OCALA ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: THARPE, JULIE
Address: 2121 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/30/2006

Electronic Signature of Signing Officer or Director — Date