2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41388

FILED Jun 13, 2008 Secretary of State

Entity Name: CAPITAL CITY APARTMENT ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	IGDALE CIRCLE /ILLE, GA 31792 US	
Current M	ailing Address:	New Mailing Address:
#3-120	AGE SQUARE BLVD.	
	SSEE, FL 32312 US	
In accordan	: 59-3040056	FEI Number Not Applicable () Certificate of Status Desired () ot receive the prior notice. Name and Address of New Registered Agent:
	RENEE P AE AGE SQUARE BLVD.	
	SSEE, FL 32312 US	
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	
	Electronic Signature of Registered Ag	ent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	AE () Delete PORTER, RENEE P AE 120 SPRINGDALE CIRCLE THOMASVILLE, GA 31792 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PRES () Delete MILLER, MICHELE 1327 HIGH ROAD TALLAHASSEE, FL 32304 US	Title: PRES (X) Change () Addition Name: SIFLINGER, LYNN Address: 1000 HIGH ROAD City-St-Zip: TALLAHASSEE, FL 32304 US
Title: Name: Address: City-St-Zip:	1 VP () Delete SIFLINGER, LYNN 1000 HIGH ROAD TALLAHASSEE, FL 32304 US	Title: 1 VP (X) Change () Addition Name: HARVEY, MELISSA Address: 411 CHAPEL DRIVE City-St-Zip: TALLAHASSEE, FL 32304 US
Title: Name: Address: City-St-Zip:	2 VP () Delete THARPE, JULIE 2102 EAST PARK AVENUE TALLAHASSEE, FL 32301 US	Title: 2 VP (X) Change () Addition Name: WALTZ, BETH Address: 603 FULTON ROAD City-St-Zip: TALLAHASSEE, FL 32312 US
Title: Name: Address: City-St-Zip:	3 VP () Delete HARVEY, MELISSA 411 CHAPEL DRIVE TALLAHASSEE, FL 32304 US	Title: 3 VP (X) Change () Addition Name: HARRIS, SONJA Address: 2074 MIDYETTE ROAD City-St-Zip: TALLAHASSEE, FL 32301 US
Title: Name: Address: City-St-Zip:	SEC () Delete MARTIN, BRIAN 2126 EAST PARK AVENUE TALLAHASSEE, FL 32301 US	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RENEE P. PORTER AE 06/13/2008