

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003445

FILED
Feb 27, 2006
Secretary of State

Entity Name: CULINARY CORNER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

228 S. ADAMS ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1779
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3385603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISS, ANDREW
228 S. ADAMS ST.
TALLAHASSEE, FL 32301 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: D () Delete
Name: REISS, ANDREW
Address: 228 S. ADAMS ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: DOVER, CAROL
Address: 230 S. ADAMS ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: DOVER, CAROL
Address: 230 S ADAMS ST.
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:

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: CAROL B. DOVER

D

02/27/2006

Electronic Signature of Signing Officer or Director

Date