## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9700003663 (8) DOCUMENT #

FLORIDA CONDOMINIUM ASSOCIATION INC.

Principal Place of Business Mailing Address 1132 CARISSA DRIVE TALLAHASSEE FL 32308 1132 CARISSA DRIVE TALLAHASSEE FL 32308

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2a. Mailing Address

FILED 98 JAN 16 AM 9:33

> Applied For Not Applicable

\$8.75 Additional

Fee Required

3. Date Incorporated or Qualified

06/25/1997

5. Certificate of Status Desired

4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
22 27					Trust Fund Contribution Added to Fees	
City & State City & State			7. Is this nonprofit corporation a homeowners association?			
23	28				☐ Yes No	
Zip Country	Zip	Cou	Country		8. This corporation owes or has paid the current year Intangible	
24 25	29	30			Personal Property Tax due June 30. Yes You	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
			81	Name		
PEACOCK, VALERIE L 1132 CARISSA DRIVE TALLAHASSEE FL 32308			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
			83			
Λ			84	City	85 Zip Code	
					FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lightliar with, and accept the obligations of Section 617.0503. Florida Statutes.						
agent. I am Inmiliar with, and accept the obligations of, Section 617.0503. Florida Statutes.						
SIGNATURE 14/6						
Sign unapped or printed name of registered and an title if applicable (NOTE: Registered Agent signature required when reinstailing)  DATE						
12. OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Addition	
	- Deter	1.1 IV		'	S Change B Addition	
ALEA CARIOCA POLITI	004 5000			202500		
TALLALIADAPE PL ANAMA	TALLALIA COPE PL COCCO		1.3 STREET ADDRESS			
CITY-ST-ZIP TALLAMASSEE FL 32308			1.4 CITY-ST-ZIP  2.1 TITLE  D		Change Addition	
NAME PEACOCK, VALERIE J		2.2 NAME		"		
STREET ADDRESS 1132 CARISSA DRIVE			'AEET AD	annece	7000024025374 -01/16/9801005017,	
TALLALIA COPP EL GOGGO	AA				*****70.00 *****70,00	
CITY-ST-ZIP TALLAMASSEE PL 32308	DELETE 3.11"		ITY-ST-		Daniel Market	
NAME		3.2 NA			t and Lauste	
STREET ADDRESS			reet ac	Annece <	Joann Gause Drive	
CITY-ST-ZIP			ITY-ST-	7/0	Parama City Beach, FL 32408	
TITLE	DELETE	4.1 Til		D D		
NAME		4.2 N		) ă	م المام ا	
STREET ADDRESS			REET AC	ODRESS :	124 Hwy. 441 S.E. Bldg. K, Apt. 5	
CITY-ST-ZIP			TY-ST-		OKEE Chobel, FL 34974-6878	
TITLE	☐ DELETE	5.1 T//		T	Change Maddition	
NAME		5.2 NA	AME	6	ail Newsome	
STREET ADDRESS		5.3 ST	REET AD		621 Gentilly DRIVE	
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TITLE	DELETE 6.1 TI				Change Addition	
NAME		6.2 NA	ME	Ì	. Δ <b>β</b>	
STREET ADDRESS		6.3 ST	REET AD	DRESS	90/110 9R	
CITY-ST-ZIP		6.4 CI	TY-ST-2	ZIP	- (10 10	
14. I hereby certify that the information supplied with	this filing does not qualify fo	r the exe	mptio	n stated i	n Section 119.07(3)(i), Florida Statutes. I further certify that the information	
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual 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 12 or Block 13 if changes, or on an altern	or di redamo curbonoreo edic	Vecare h	nis re	pon as re	quired by Chapter 617, Florida Statutes; and that my name appears in	