Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

NONPROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.

City & State

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

City & State

FILED 99 JAN 12 PM 4: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N9700003663  1. Corporation Name  FLORIDA CONDOMINIUM ASSOCIATION INC.								
1132 CARISSA DRIVE TALLAHASSEE FL 32308	1132 CARISSA DRIVE TALLAHASSEE FL 32308	•						
2. Principal Place of Business	2a. Mailing Address							

27

Country

18 1 <b>80</b> 31 <b>40</b> 111 40611 1	60141 BB	##### #     ##

Date Incorporated or Qualified 06/25/1997

5. Certificate of Status Desired

4. FEI Number

59-3462743

Zip	Country	Zip	Country		Country			6. Election Campaign Financing		\$5.0	0 May Be
24	25	29 30	30			Trust Fund Contribution	<u> </u>	•	d to Fees		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
	<u> </u>		81	Na	ame						
PEACOCK, VALERIE L			. 82	St	reet Addres	ss (P.O. Box Number is Not Accepta	ble)				
	ISSA DRIVE										
	SSEE FL 32308		83								
			84	Ci				85 Zi	Code		
			04	O,	ity		FL	65  41	2 0000		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12.	Signature, typed or printed name of registered agent an OFFICERS AND I		13	nt sign:	ature required v	ADDITIONS/CHANGES TO OFF	DATE	DIRECT	OPS IN 12		
TITLE	PCD	DELETE	1.1 TITLE		<del></del>	ABBITION OF GRANE TO OFF	TOLITO AIVE	Change			
NAME	PEACOCK, VALERIE L		1.2 NAME					T 01019			
STREET ADDRESS			1.3 STREET	CADDE	DECC						
	TALLAHASSEE FL 32308								ļ		
CITY-ST-ZIP	STD	☐ DELETE	1.4 CITY-ST 2.1 TITLE	1-ZIP	.			Change	Addition		
NAME	PEACOCK, VALERIE J		22 NAME			300002	745		1		
STREET ADDRESS	61-1661		23 STREET		BESS	-01/20.					
	TALLAHASSEE FL 32308		2.4 CITY-S	-			56.25		<u>∗</u> 61.25 _		
TITLE	D	☐ DELETE	3.1 TITLE	1-21	<u></u>	4-4-4-4-7,	<u> </u>	☐ Change			
NAME	GAUSE, JOANN		3.2 NAME					٠			
STREET ADDRESS	8213 SURF DRIVE		3.3 STREET	. AOOG	eee						
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		3.4. CITY-S								
TITLE	D	☐ DELETE	4.1 TITLE	1-21-				Change	-		
NAME	GELATKA, PAT		4. 2 NAME								
STREET ADDRESS	3124 HWY. 441 S.E., BLDG. K , A	DT E	4.3 STREET	ADDE	aree						
	OKEECHOBEE FL 34974-6878		4.4 CITY-ST		NE30				1		
TITLE	D	DELETE	5.1 TITLE	-41				☐ Change	Addition		
NAME	NEWSOME, GAIL		5.2 NAME		ļ						
STREET ADDRESS	1621 GENTILLY DRIVE		5,3 STREET	ADDR	RESS				ì		
CITY-ST-ZIP	BIRMINGHAM AL 35226		5.4 CITY-ST								
TILE	DITIMINACI IAM AL GOZZO		6.1 TITLE					Change	Addition		
NAME		<del>-</del>	62 NAME		1						
STREET ADDRESS			6.3 STREET	ADDR	RESS				ł		
CITY-ST-ZIP	/.		6.4 CMY-ST						$\mathcal{M}$		
14. I hereby c	ertify that the information/supplied with the	his filing does not qualify for the			tated in Sec	ction 119.07(3)(i), Florida Statutes.	further certif	y that the	Intochation		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report for the contraction of the contraction of the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or on an attachment with an address, with all other like empowered.											

Country