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

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800000239

Corporation Name

FLORIDA ASSOCIATION OF CONDOMINIUMS INC.

Principal Place of Business

1132 CARISSA DRIVE TALLAHASSEE FL 32308 Mailing Address

1132 CARISSA DRIVE TALLAHASSEE FL 32308 FILED

99 JAN 12 PM 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| <ol><li>Principal P</li></ol>  | lace of Business                                  | Ža. Mailing Address                | _   | Date Incorporated or Qualifed                            |                         |
|--|---|------------------------------------|---|--|-------------------------|
| 21   |   | 26                                 |   | 01/16/1998   |                         |
| Suite, Apt.  | #, etc  | Suite, Apt. #, etc.                | <del></del>   | 4. FEI Number  | Applied For             |
| 22   |   | 27                                 |   |  | Not Applicable          |
| City & State City  |   | City & State                       |   | 5. Certifcate of Status Desired                          | \$8.75 Additional       |
| 23   |   | 28                                 |   | or Celtifolie of Civila Desired                          | Fee Required            |
| Zip  | Country   | Zip                                | Country   | 6. Election Campaign Financing                           | \$5.00 May Be           |
| 24   | 25  | 29 30                              | 0   | Trust Fund Contribution                                  | Added to Fees           |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name   |   |                                    |   |  |                         |
|  |   |                                    |   |  |                         |
| PEACOCK, VALERIE L   |   |                                    | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                         |
| 1132 CARISSA DRIVE   |   |                                    |   |  |                         |
| TALLAHASSEE FL 32308   |   |                                    | 83  |  |                         |
| INCOMINANCE TE 02000   |   |                                    | 24 04   | .,   |                         |
|  |   |                                    | 84 City   | FL   | 85 Zip Code             |
| 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  |   |                                    |   |  |                         |
| 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 we 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |                                    |   |  |                         |
| 12.  | OFFICERS AND                                      |                                    | 13.   | ADDITIONS/CHANGES TO OFFICERS ANI                        | DIRECTORS IN 12         |
| TITLE  | P   | ☐ DELETE                           | 1.1 TITLE   |  | ☐ Change ☐ Addition     |
| NAME   | PEACOCK, VALERIE L                                |                                    | 1.2 NAME  |  |                         |
| STREET ADDRESS   | 1132 CARISSA DRIVE                                |                                    | 1.3 STREET ADDRESS                                    |  |                         |
| CITY-ST-ZIP  | TALLAHASSEE FL 32308                              |                                    | 1.4 CITY-ST-ZIP                                       | 200000246  |                         |
| TITLE  | ST  | ☐ DELETE                           | 2.1 TITLE   | 800002746<br>-01/20/991                                  | Ghange - Addition       |
| NAME   | PEACOCK, VALERIE J                                |                                    | 2.2 NAME  | ****456.25   | nini(001                |
| STREET ADDRESS   | 1132 CARISSA DRIVE                                |                                    | 2.3 STREET ADDRESS                                    | **************************************                   | ****61.25               |
|  |   |                                    | 1   |  |                         |
| CITY-ST-ZIP  | TALLAHASSEE FL 32308                              | ☐ DELETE                           | 2.4 CTY-ST-ZIP<br>3.1 TTLE                            |  | ☐ Change ☐ Addition     |
|  | course Joann                                      | L Paters                           | 3.2 NAME  |  |                         |
| NAME   |   | _a                                 |   |  |                         |
| 1  | 8 213 2mg Frun                                    | The same                           | 3.3.STREET ADDRESS                                    |  |                         |
| CITY-ST-ZIP  | tanama Wille                                      | secon szeros                       | 3.4. CITY-ST-ZIP                                      |  | Channa C Addillar       |
| TILE   | 0.0   | O. DELETE                          | 4.1 TITLE   |  | ☐ Change ☐ Addition     |
| NAME [   | newsome, viii                                     |                                    | 4, 2 NAME   |  |                         |
| STREET ADDRESS   | ica i Gentillez W                                 | rue_                               | 4.3 STREET ADDRESS                                    |  |                         |
| CITY-ST-ZIP  | Birmingham  | AL 35226                           | 4.4 CITY-ST-ZIP                                       |  |                         |
| TITLE  | 0   | ☐ DELETE                           | 5.1 TITLE   |  | ☐ Change ☐ Addition     |
| NAME   |   |                                    | 5.2 NAME  |  | Ì                       |
| STREET ADDRESS   |   |                                    | 5.3 STREET ADDRESS                                    |  | ŀ                       |
| CITY-ST-ZIP  |   |                                    | 5.4 CITY-ST-ZIP                                       |  |                         |
| TITLE  |   | ☐ DEFELE                           | 6.1 TITLE   | -  | ☐ Change ☐ Addition     |
| NAME   |   |                                    | 62 NAME   |  |                         |
| STREET ADDRESS   |   |                                    | 6.3 STREET ADDRESS                                    |  | 100                     |
| CITY-ST-ZIP  |   |                                    | 6.4 CITY-ST-ZIP                                       |  | (00)                    |
|  | autifications than information of instinct with a | ble filing door not evelify for th | a avagentian stated i                                 | n Section 119 07/3Vi). Florida Statutes, I further certi | 5. that the information |

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further certify that the information indicated on this annual report as if made under each; that I am an officer or director of the corporation of 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LANDER TOUR PRESIDENT, James 12, 199