

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 12 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000241

1. Corporation Name

FLORIDA ASSOCIATION OF CONDOMINIUM ASSOCIATIONS
INC.

Principal Place of Business

1132 CARISSA DRIVE
TALLAHASSEE FL 32308

Mailing Address

1132 CARISSA DRIVE
TALLAHASSEE FL 32308



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

PEACOCK, VALERIE L
1132 CARISSA DRIVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code
	FL	

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	109002746901-3
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	-01/20/99-01007-001 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, VALERIE J	2.2 NAME	****456.25 ****\$61.25
STREET ADDRESS	1132 CARISSA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	0 Cause <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	0 <i>Delia Ann</i>	3.2 NAME	
STREET ADDRESS	0 <i>8213 Surf Dr</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	0 <i>Panama City Beach, FL 32408</i>	3.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	0 <i>Newsome, Gail</i>	4.2 NAME	
STREET ADDRESS	0 <i>1621 Centille Dr</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	0 <i>Birmingham, AL 35224</i>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Valerie L Peacock SIGNATURE REQUIRED, January 12, 1999

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AO