


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001734	
1. Entity Name THE PPC BUILDING CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 4 OFFICE PLAZA DR. TALLAHASSEE, FL 32301	Mailing Address 234 OFFICE PLAZA DR. TALLAHASSEE, FL 32301
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04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3571420	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERKINS, EVERALL D 234 OFFICE PLAZA DR. TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000346417
04/30/05-80075-017 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARRISH, ROBERT 2282 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERKINS, EVERALL D 234 OFFICE PLAZA DR. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOK, J. KINSON 2252 KILLEARN CENTRE BLVD TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4-28-05 850-878-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #