


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90396 023 ****70.00

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

Principal Place of Business 234 OFFICE PLAZA DR. TALLAHASSEE, FL 32301	Mailing Address 234 OFFICE PLAZA DR. TALLAHASSEE, FL 32301
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60027804



2. Principal Place of Business 2252 KILLEARN CENTER BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE FL		City & State	
Zip	Country LEON	Zip	Country

04112006 Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERKINS, EVERALL D 234 OFFICE PLAZA DR. TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRISH, ROBERT	NAME	Thomson, W. Frederick
STREET ADDRESS	2282 KILLEARN CENTER BLVD.	STREET ADDRESS	P.O. Box 13831
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	Tallahassee, FL 32317
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, EVERALL D	NAME	
STREET ADDRESS	234 OFFICE PLAZA DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, J. KINSON	NAME	
STREET ADDRESS	2252 KILLEARN CENTRE BLVD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Everall D Perkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/06 (850) 878-3131
Date Daytime Phone #