2000	ONIFORM BUSI	NESS KEPUI	KI	(UBK)	_						
DOCUMENT # P98000016415 1. Entity Name CONDOMINIUM LIVING INC.						FILED					
						00 M	AY 23 .1	M 10: 0	5		
Principal Place of Business 1132 CARISSA DRIVE TALLAHASSEE FL 32308		Mailing Address 1132 CARISSA DRIVE TALLAHASSEE FL 32308-5219				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
, 8 5							D(S) (S)() BS(() CS	M 88 10 88(8) 1	(812 ALI)) ALBA()(2	IRI 8111 (\$21	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			#51	5 9-	DO NOT WE	RITE IN THIS	SPACE		
City & State		City & State				Number	APPLIED	FOR		plied For t Applicable	
Zip	Country	Zip Coun		try	5. Cert	tificate of S	Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent			7. Nam	ne and Add	dress of New	Registered	<u> </u>		
Name Name					_						
PEACOCK, VALERIE L 1132 CARISSA DRIVE TALLAHASSEE FL 32308				Street Addres	ss (P.O. Box N	Number is	Not Acceptab	ile)	, .		
				City				FI	Zip Code		
9 The shows	named entity submits this statement for t	he oursee of changing its re	anistora	d office or regis	tered agent	or both in	the State of F				
o. The above	Trained entity southins this statement for t	The purpose of orlanging its it	ogistore	a onice of regio	,,c.oa ageni,	01 2541,11					
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registere	d Agent signature requ	uired when reinsta	ating)		DATE			
	ration is eligible to satisfy its Intangible	FILE NOW!!!						· · · · · · · · · · ·			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 For Make Check Payable to			0 Fee	will be \$550.00	0		in Campaign f und Contribut	_		May Be to Fees	
11.	OFFICERS AND DI		12.	partment of 5	I	TIONS/CH	ANGES TO O	FICERS AN	ID DIRECTORS	3 IN 11	
TITLE	P	☐ Delete	TITLE	ı	_		·····		☐ Change	☐ Addition	
NAME STREET ADDRESS	PEACOCK, VALERIE 1132 CARISSA DRIVE		1	ET ADDRESS							
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY	- ST- ZiP	_				Change	Addition	
TITLE NAME		☐ Delete	NAM	ı					Gridings	7,600,1037	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			,	11	<u>,</u> \$		
TITLE		☐ Delete	TITLI	ı					Changers	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				E EET ADDRESS - ST-ZIP		300	0003; -06/13 !****	76-5 70-0	36 :3 102300 ****150	*****	
TITLE		☐ Delete	TITL				 		☐ Change	Addition	
NAME STREET ADDRESS			NAM	E ET ADDRESS							
CITY-ST-ZIP			1	-ST-ZIP							
TITLE NAME		☐ Delete	TITLI						☐ Change	☐ Addition	
NAME STREET ADDRESS	i.		- 6	ET ADDRESS							
CITY-ST-ZIP			4	-ST-ZIP	_				Change	Addition	
TITLE NAME		☐ Delete	TITLI NAM	I					☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	certify that the information supplied with the	his filing does not qualify for	the aus	-ST-ZIP mption_ated in	Section 119).07(3)(i), F	lorida Statute	s. I further c	ertify that the in	nformation	
indicated	pertury that the information syppine with it on this report or supplemental report is to poration or the proceiver or trustee employ or on an attackment with an address, with	rue and accurate and that m	y signa is requi	ture shall have the red by Chapter (he same lega 607, Florida S	al effect as Statutes; a	if made unde ind that my na	er oath; that me appears	l am an officer in Block 11 or	or director Block 12 if	
SIGNAT	URE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER O	R DIRECT	TOR				AUN #	ATO-D Daytime Phone #	14	