

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006358

**Entity Name:** ADAMS PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1202 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

CAPITAL ASSOCIATION MANAGEMENT  
PO BOX 3965  
TALLAHASSEE, FL 32315 US

**FEI Number:** 20-4649087

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SWAIN , PATRICIA  
C/O CAPITAL ASSOCIATION MANAGEMENT  
PO BOX 3965  
TALLAHASSEE, FL 32315 US

*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.*

**SIGNATURE:** PATRICIA SWAIN

02/16/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name KHOSA, DEEPAK  
Address 1202 EAST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER  
Name GRANT, CHSARLOTTE  
Address 1202 EAST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name BENEBY-LUCKY, JANICE  
Address 1202 EAST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title ASSOCIATION MANAGER  
Name CAPITAL ASSOCIATION  
MANAGEMENT LLC  
Address 1202 EAST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY  
Name PETERSON, AMINA  
Address 1202 EAST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KYLE ROWELL

CFO

02/16/2023

Electronic Signature of Signing Officer/Director Detail

Date