

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

03/31/2023

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 CHABRA, SUHAIL
Address 1202 EAST PARK AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name SINGH, SUDHR
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

03/31/2023

Electronic Signature of Signing Officer/Director Detail

Date