

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N06000006358

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

**Current Principal Place of Business:**

327 OFFICE PLAZA DR  
SUITE 211  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

TOTAL PROFESSIONAL ASSOCIATION MANAGEMENT  
PO BOX 12412  
TALLAHASSEE, FL 32317 US

**FEI Number:** 20-4649087

**Certificate of Status Desired:** No

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

ROWAND JR, TOM  
TOTAL PROFESSIONAL ASSOCIATION MANAGEMENT  
PO BOX 12412  
TALLAHASSEE, FL 32317 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:** TOM ROWAND JR

06/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name BLATHERS, DERRICK  
Address TOTAL PROFESSIONAL  
ASSOCIATION MANAGEMENT  
P O BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY, TREASURER  
Name BENEBY-LUCKY, JANICE  
Address TOTAL PROFESSIONAL  
ASSOCIATION MANAGEMENT  
PO BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

Title VP  
Name GONZALEZ, TERRIE  
Address TOTAL PROFESSIONAL  
ASSOCIATION MANAGEMENT  
PO BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

Title ASSOCIATION MANAGER  
Name MURRAY, MICHAEL  
Address TOTAL PROFESSIONAL  
ASSOCIATION MANAGEMENT  
PO BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

*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:** MICHAEL MURRAY

MANAGEMENT

06/08/2021

Electronic Signature of Signing Officer/Director Detail

Date