

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # N10569

1. Entity Name
**BEHRINGER AND HOWELL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2611 SE 17TH STREET
C/O FREDERICK R. BEHRINGER, JR.
OCALA, FL 32671**

Mailing Address
**2611 SE 17TH STREET
C/O FREDERICK R. BEHRINGER, JR.
OCALA, FL 32671**



02032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2017252

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEHRINGER, FREDERICK R., JR.
2611 SE 17TH STREET
OCALA, FL 32671**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BEHRINGER, FREDERICK R. 2627 SE 16TH STREET OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD HUGHES, STEVE 1128 SE 14TH AVE. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHRINGER, SUSAN 2627 SE 16TH ST. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, PRISCILLA 1128 SE 14TH AVE. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/04-80138-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #