


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90013 027 ****61.25

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|---|---|
| DOCUMENT # N10569 |  |
| 1. Entity Name BEHRINGER AND HOWELL CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 2611 SE 17TH STREET C/O FREDERICK R. BEHRINGER, JR. OCALA, FL 32677 34471 | Mailing Address 2611 SE 17TH STREET C/O FREDERICK R. BEHRINGER, JR. OCALA, FL 32677 34471 |
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2017252 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BEHRINGER, FREDERICK R., JR. 2611 SE 17TH STREET OCALA, FL 32677 34471 |
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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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

| | |
|---|---------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Frederick R. Behringer Jr. 1/12/06 (352) 629-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #