


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

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N51469</b> 1. Entity Name 912 OFFICE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 912 NW 56 TER B GAINESVILLE, FL 32605 US	Mailing Address 912 NW 56 TER B GAINESVILLE, FL 32605 US
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**DO NOT WRITE IN THIS SPACE**



07102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2049061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HERRINGTON, JAY  
912 NW 56 TER  
GAINESVILLE, FL 32606

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution...  **\$5.00 May Be Added to Fees**

U00000153884  
09/12/04-99001-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRINGTON, JAY 912 NW 56 TER GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRINGTON, KAREN 912 NW 56 TER GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORLANDO, JACQUELINE 912 NW 56 TER GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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:** Jay Herrington 9/10/04 352 332 4703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_