


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N51469

1. Entity Name
 912 OFFICE CONDOMINIUM ASSOCIATION, INC.



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



01072008 No Chg-NP CR2E037 (4/06)

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
 B
 GAINESVILLE, FL 32605

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	01/11/08-80009-002-61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRINGTON, JAY 912 NW 56 TER GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRINGTON, KAREN 912 NW 56 TER GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ISENBERG, ADRIANE 912 NW 56 TER GAINESVILLE, FL 32605
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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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: _____ **Date** 1/7/08 **Daytime Phone #** 352 331 9593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR