

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90023 027 ****61.25

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1. Entity Name

BRENTWOOD OFFICE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3116 CAPITAL CIRCLE, N.E.
 10
 TALLAHASSEE FL 32308

Mailing Address

3116 CAPITAL CIRCLE, N.E.
 10
 TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3751550

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINNICK, JOHN A
 3116 CAPITAL CIRCLE, N.E.
 #10
 TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: *PDSF see S below (COX)* Delete
 NAME: MINNICK, BRUCE
 STREET ADDRESS: 3116 CAPITAL CIRCLE, N.E., STE. 10
 CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: *D* Delete
 NAME: DAWS, SONYA
 STREET ADDRESS: 3116 CAPITAL CIRCLE, N.E., STE. 5
 CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: *D* Delete
 NAME: WOLFE, WALTER
 STREET ADDRESS: 3116 CAPITAL CIRCLE, N.E., STE. 1
 CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: *PDT* Change Addition
 NAME:
 STREET ADDRESS: *all else same*
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: *DS* Change Addition
 NAME: *JERRY COX*
 STREET ADDRESS: *3116 Capital Circle NE, Ste 2*
 CITY-ST-ZIP: *Tallahassee FL 32308*

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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:

Bruce A. Minnick President *2/10/04* *(850) 3869444*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #