

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 049 ****61.25



DOCUMENT # N01000007376

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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3751550

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 PD Delete

NAME MINNICK, BRUCE A
STREET ADDRESS 3116 CAPITAL CIRCLE, N.E., STE. 10
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DS Delete

NAME MINNICK, JOHN A
STREET ADDRESS 3116 CAPITAL CIRCLE, N.E., STE. 10
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ~~DT~~ Delete

NAME ~~COX, JERRY~~
STREET ADDRESS 3116 CAPITAL CIRCLE, N.E., STE 2
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 Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

NAME **DR. ROGER LEDLOW**
STREET ADDRESS **3116 Capital Circle NE, Ste 3**
CITY-ST-ZIP **Tallahassee FL 32308**

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 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: _____

John A. Minnick **BRUCE A MINNICK Pres** 1/24/06 **386 9444**
President (850)