

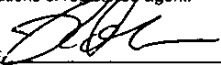



**2066 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N01000007376 1. Entity Name BRENTWOOD OFFICE PARK CONDOMINIUM ASSOCIATION, INC.						FILED 06 JUL 18 PM 2:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3116 CAPITAL CIRCLE, N.E., #3 10 TALLAHASSEE, FL 32308		Mailing Address 3116 CAPITAL CIRCLE, N.E., #3 10 TALLAHASSEE, FL 32308				06202006 Chg-NP CR2E037 (4/06)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3751550		Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINNICK, JOHN A 3116 CAPITAL CIRCLE, N.E. #10 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name: <u>Dr Roger C. Ledlow, DC, PA</u> Street Address: <u>3116 Capital Circle NE Ste #3</u> City: <u>Tall</u> State: <u>FL</u> Zip Code: <u>32308</u>			
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: <u>7/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINNICK, BRUCE A 3116 CAPITAL CIRCLE, N.E., STE. 10 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600079232186 08/01/06--01050--003 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MINNICK, JOHN A 3116 CAPITAL CIRCLE, N.E., STE. 10 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <u>change to PDT</u> LEDLOW, ROGER DR 3116 CAPITAL CIR NE SUITE 3 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PDT</u> <u>Ledlow, Roger Dr.</u> <u>3116 Capital Circle NE, #3</u> <u>Tallahassee FL 32308</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>7/17/06</u> 850-668-7062 <small>Daytime Phone #</small>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							