

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90130 031 ****61.25

DOCUMENT # N01000007376

1. Entity Name
**BRENTWOOD OFFICE PARK CONDOMINIUM ASSOCIATION, I
NC.**



Principal Place of Business
**3116 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308**

Mailing Address
**3116 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
#10

Suite, Apt. #, etc.
#10

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DAWS, SONYA K
3116 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **John A. Minnick**
Street Address (P.O. Box Number is Not Acceptable)
3116 Capital Circle NE, #10
City **Tallahassee** FL Zip Code **32308**

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]*
Signature typed or printed name of registered agent and title if applicable.

JOHN A. MINNICK

2/24/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME MINNICK, BRUCE	<i>change to</i>
STREET ADDRESS 3116 CAPITAL CIRCLE, N.E., STE. 10	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE VSTD	<input type="checkbox"/> Delete
NAME DAWS, SONYA	<i>change to</i>
STREET ADDRESS 3116 CAPITAL CIRCLE, N.E., STE. 5	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE D	<input type="checkbox"/> Delete
NAME WOLFE, WALTER	
STREET ADDRESS 3116 CAPITAL CIRCLE, N.E., STE. 1	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **BRUCE MINNICK** **2/24/03** **386 9444**

CR2E037 (10/02)