

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 15, 2007 8:00 am
Secretary of State

03-08-2007 90018 016 ****61.25

DOCUMENT # N06000002799 1. Entity Name 812 SAINT MICHAEL STREET CONDOMINIUMS ASSOCIATION, INC.				 3.	
Principal Place of Business 310 BLOUNT STREET #108 TALLAHASSEE FL 32301		Mailing Address 310 BLOUNT STREET #108 TALLAHASSEE FL 32301			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 208914446 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PAGOZALSKI, MICHAEL 310 BLOUNT STREET #108 TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	PTD PAGOZALSKI, MICHAEL 310 BLOUNT STREET #108 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD HODGE, DANA K 310 BLOUNT STREET #108 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ROSEN, PETER 310 BLOUNT STREET #108 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: 1/26/07			Page: _____		

ATTACHMENT

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812 SAINT MICHAEL STREET CONDOMINIUMS ESTIMATED OPERATING BUDGET

Effective Date: Commencement of Condominium until expiration of initial fiscal year (December 31, 2006)

					<u>Monthly</u>	<u>Annual</u>
1.	Expenses for the Association and Condominium:					
a.	Administration of the Association				0*	0*
b.	Management Fees				0*	0*
c.	Maintenance:					
	GENERAL BUILDING MAINT.:					
	Termite Bond				N/A ⁺	300
	GENERAL GROUNDS MAINT.					
	Lawn and Irrigation				50	600
	Mulch, Fertilizer, etc.				N/A ⁺	100
d.	Rent for Recreational and other commonly used facilities				0*	0*
e.	Taxes upon association property				0*	0*
f.	Taxes upon leased areas				0*	0*
g.	Insurance				N/A ⁺	1,300
h.	Security Provisions				0*	0*
i.	Other Expenses (Misc., Office, Legal, etc.)				N/A ⁺	20
j.	Operating Capital				0*	0*
k.	Reserves:					
		Est. Useful Life	Est. Remain. Useful Life	Est. Cost of Replacement	Est. Beginning Fund Balance	
	Painting	10yrs.	10 yrs.	2,500	0	N/A ⁺ 250
	Roofs	25 yrs.	25 yrs.	10,000	0	N/A ⁺ 400
	Paving	50 yrs.	50 yrs.	3,000	0	N/A ⁺ 60
l.	Fees Payable to the Division				N/A ⁺	12
2.	Expenses for a unit owner:					
a.	Rent for the unit, if subject to a lease				0*	0*
b.	Rent payable by the unit owner directly to the lessor or agent under any recreational lease or lease for the use of commonly used facilities, which use and payment is a mandatory condition of ownership and is not included in the common expense or assessments for common maintenance paid by the unit owners to the association				0*	0*
TOTAL ANNUAL BUDGET – EXPENSES AND RESERVES						\$ 3,042.00
TOTAL ANNUAL BUDGET PER UNIT (3 units)						\$ 1,014.00

ASSESSMENT COLLECTION PER UNIT (3 units): Pursuant to the Bylaws, assessments are collected from unit owners quarterly in advance. Therefore, each unit pays \$253.50 per quarter. This amount is NOT guaranteed – SEE BELOW.

Developer Guarantee: The amount of assessments per unit is guaranteed by the developer to not exceed \$450.00 per quarter, for a certain period. For more information regarding this Developer Guarantee, including but not limited to how long the Developer Guarantee will remain in effect, see Article VIII of the Declaration.

Footnotes: All amounts shown in the budget are U.S. Dollar (\$) values.

* All items marked with a * are required to be listed pursuant to Fla. Stat. § 718.504(21)(c), but are not applicable to this budget and have therefore been assigned a value of \$0.

+ All items marked "N/A" in the monthly expense column are not anticipated to be incurred or paid regularly on a monthly basis, or can not be evenly or accurately prorated on a monthly basis; therefore, only an annual amount has been estimated.

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Internal Revenue Service

DEPARTMENT OF THE TREASURY

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Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-8914446

Today's Date is: April 25, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.