

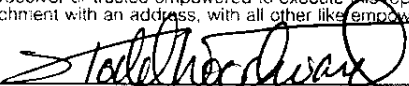


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90092 003 \*\*\*\*61.25

<b>DOCUMENT # N06000002799</b> 1. Entity Name <b>812 SAINT MICHAEL STREET CONDOMINIUMS ASSOCIATION, INC.</b>			
Principal Place of Business <b>310 BLOUNT STREET #108 TALLAHASSEE FL 32301</b>		Mailing Address <b>310 BLOUNT STREET #108 TALLAHASSEE FL 32301</b>	
2. Principal Place of Business - No P.O. Box # <b>1113 CARISSA DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 15613</b> Suite, Apt. #, etc.	
City & State <b>TALLAHASSEE FL</b> Zip <b>32308</b> Country <b>USA</b>		City & State <b>TALLAHASSEE, FL</b> Zip <b>32317</b> Country <b>USA</b>	
4. FEI Number <b>20-8914446</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent <b>PAGOZALSKI, MICHAEL 310 BLOUNT STREET #108 TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name <b>TODD WOODWARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1113 CARISSA DR</b> City <b>TALLAHASSEE FL</b> Zip Code <b>32308</b>	
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  <b>TODD WOODWARD</b> <b>4-15-08</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature req. used when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PTD PAGOZALSKI, MICHAEL 310 BLOUNT STREET #108 TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete	TITLE PT ANDREW WELCH 812-2 ST. MICHAEL ST. TALLAHASSEE, FL 32301
NAME			NAME VP MIKE MOONEY 812-1 ST. MICHAEL ST. TALLAHASSEE, FL 32301
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	VPD HODGE, DANA K 310 BLOUNT STREET #108 TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete	TITLE VP MIKE MOONEY 812-1 ST. MICHAEL ST. TALLAHASSEE, FL 32301
NAME			NAME MIKE PAGOZALSKI PO BOX 11070 TALLAHASSEE, FL 32302
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	SD ROSEN, PETER 310 BLOUNT STREET #108 TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete	TITLE MD TODD WOODWARD 1113 CARISSA DR TALLAHASSEE, FL 32308
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	ANDREW WELCH	<input type="checkbox"/> Delete	TITLE MIKE MOONEY
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	MIKE MOONEY	<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	MIKE MOONEY	<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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.			
<b>SIGNATURE:</b>  <b>4.15.08 (850) 559.2734</b>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	