

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002799

FILED
Mar 29, 2009
Secretary of State

Entity Name: 812 SAINT MICHAEL STREET CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

1113 CARISSA DR.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 15613
TALLAHASSEE, FL 32317

New Mailing Address:

1113 CARISSA DR.
TALLAHASSEE, FL 32308

FEI Number: 20-8914446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, TODD
1113 CARISSA DR.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WELCH, ANDREW
Address: 812-2 ST. MICHAEL ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPS () Delete
Name: MOONEY, MIKE
Address: 812-1 ST. MICHAEL ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: PAGOZALSKI, MIKE
Address: PO BOX 11070
City-St-Zip: TALLAHASSEE, FL 32302

Title: MD () Delete
Name: WOODWARD, TODD
Address: 1113 CARISSA DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL TODD WOODWARD

MD

03/29/2009

Electronic Signature of Signing Officer or Director

Date