

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002799

**FILED**  
**Mar 30, 2010**  
**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:**

1113 CARISSA DR.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

P.O. BOX 15613  
TALLAHASSEE, FL 32317

**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  
Name: WELCH, ANDREW  
Address: 812-2 ST. MICHAEL ST.  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

Title: MD  
Name: WOODWARD, MICHAEL T  
Address: 1113 CARISSA DR  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL T WOODWARD

MD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date