

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002799

FILED  
Mar 04, 2012  
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:**

P.O. BOX 15613  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 20-8914446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODWARD, MICHAEL T  
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: P  
Name: COREY, ADAM  
Address: 812-3 ST. MICHAEL ST.  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

Title: S  
Name: WELCH, ANDREW  
Address: 840 SANTA ROSA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

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 TODD WOODWARD

MD

03/04/2012

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

\_\_\_\_\_  
Date