


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N12934
 1. Entity Name
 LORETTO EXECUTIVE CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 11560 OLD ST. AUGUSTINE ROAD STE. #1 JACKSONVILLE, FL 32258	Mailing Address 11560 OLD ST. AUGUSTINE ROAD STE. #1 JACKSONVILLE, FL 32258
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03092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3005155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, JAMES T
 11560 OLD ST. AUGUSTINE ROAD
 STE. #1
 JACKSONVILLE, FL 32258

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000260891
 03/12/05-80043-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COTTER, WM. J. 11560-6 ST AUGUSTINE RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POWELL, JAMES T. 11560-1 ST AUGUSTINE RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OSSI, ALAN 11560 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Alan Ossi 3/9/05 268-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #