


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>11560 OLD ST. AUGUSTINE ROAD STE. #1 JACKSONVILLE, FL 32258</b>	Mailing Address <b>11560 OLD ST. AUGUSTINE ROAD STE. #1 JACKSONVILLE, FL 32258</b>
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04122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

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

**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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80143-021 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **4/12/06** **904 268-7555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #