


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 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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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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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 01/16/07-80057-012 61.25

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I 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 in 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 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 an attachment with an address, with all other like empowered.

E: X James Powell 1-11-07 904-268-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #