

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12934

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** LORETTO EXECUTIVE CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

11560 OLD ST. AUGUSTINE ROAD  
STE. #3  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number:** 59-3005155      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

POWELL, JAMES T  
11560 OLD ST. AUGUSTINE ROAD  
STE. #1  
JACKSONVILLE, FL 32258 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: SD  
Name: COTTER, WM. J.  
Address: 11560-6 ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL

Title: PD  
Name: POWELL, JAMES T.  
Address: 11560-1 ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL

Title: TD  
Name: OSSI, ALAN  
Address: 11560 OLD ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

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: ALAN OSSI

TD

01/18/2012

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

\_\_\_\_\_  
Date