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CORPORATION ANNUAL REPORT
1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17490 (6)

U.S. I OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2744 US I SOUTH ST. AUGUSTINE FL 32086 US	2744 US I SOUTH ST AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2781060 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business 21 — 2a. Mailing Address 26
Suite, Apt. # etc. 22 — Suite, Apt. # etc. 27
City & State 23 — City & State 28
Zip 24 — Country 25 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

FREYTAG, LYDIA
1040 ALCALA
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEVENS, CHARLES T.
STREET ADDRESS	3500 RED CLOUD TRL
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	VD
NAME	ROUNDS, DAVE
STREET ADDRESS	2740 US1 S
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	PD
NAME	FREYTAG, LYDIA
STREET ADDRESS	1040 ALCALA
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition (×6, blank)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles T. Stevens 1/16/95 (904) 797-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0022010