


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90069 005 \*\*\*\*50.00  
02-17-2004 90007 022 \*\*\*\*11.25

<b>DOCUMENT # N17490</b> 1. Entity Name <b>U.S. I OFFICE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2744 US 1 SOUTH ST. AUGUSTINE FL 32086 US</b>			Mailing Address <b>2744 US 1 SOUTH ST. AUGUSTINE FL 32086 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2781060</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHARLES T STEVENS 2744 US 1 S ST. AUGUSTINE FL 32086</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, CHARLES T. 3500 RED CLOUD TRL ST. AUGUSTINE FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TODD, J 2740 US 1 S ST AUGUSTINE LF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO, M 2748 US 1 S ST-AUGUSTINE FL 32086				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROELER, SVEN 2740 US 1 S SAINT AUGUSTINE FL 32086				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
(Empty row)					
(Empty row)					
(Empty row)					
(Empty row)					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ <b>PD</b> <b>1/24/04</b>					