


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N17490
 1. Entity Name
 U.S. I OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2744 US 1 SOUTH 2744 US 1 SOUTH
 ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 32086 US

DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-2781060 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHARLES T STEVENS
 2744 US 1 S
 ST. AUGUSTINE, FL 32086

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 _____ 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, 2005

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	PD STEVENS, CHARLES T. 3500 RED CLOUD TRL ST. AUGUSTINE, FL
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000204130
 01/29/05-80056-025 50.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ *President* 1/25/05 904-979520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #