

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N17490		
1. Entity Name U.S. I OFFICE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2744 US 1 SOUTH ST. AUGUSTINE, FL 32086 US		Mailing Address 2744 US 1 SOUTH ST. AUGUSTINE, FL 32086 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHARLES T STEVENS 2744 US 1 S ST. AUGUSTINE, FL 32086		04102006 No Chg-NP CR2E037 (11/05)
		4. FEI Number 59-2781060
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		
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	DO NOT WRITE IN THIS SPACE
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		
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12. I hereby 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 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: <u>[Signature]</u> 4/10/06 904-797-9520 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		