

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51469

FILED
Jan 06, 2005
Secretary of State

Entity Name: 912 OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

912 NW 56 TER
B
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

912 NW 56 TER
B
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-2049061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRINGTON, JAY
912 NW 56 TER
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

HERRINGTON, JAY
912 NW 56 TER
GAINESVILLE, FL 32605 US

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:

01/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERRINGTON, JAY,
Address: 912 NW 56 TER
City-St-Zip: GAINESVILLE, FL

Title: VD () Delete
Name: HERRINGTON, KAREN,
Address: 912 NW 56 TER
City-St-Zip: GAINESVILLE, FL

Title: STD () Delete
Name: ORLANDO, JACQUELINE,
Address: 912 NW 56 TER
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERRINGTON, JAY,
Address: 912 NW 56 TER
City-St-Zip: GAINESVILLE, FL 32605

Title: VD (X) Change () Addition
Name: HERRINGTON, KAREN,
Address: 912 NW 56 TER
City-St-Zip: GAINESVILLE, FL 32605

Title: STD (X) Change () Addition
Name: ORLANDO, JACQUELINE,
Address: 912 NW 56 TER
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAY HERRINGTON

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date