


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N51469</b>	
<b>1. Entity Name</b> 912 OFFICE CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> 912 NW 56 TER B GAINESVILLE, FL 32605 US	<b>Mailing Address</b> 912 NW 56 TER B GAINESVILLE, FL 32605 US
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01072008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 59-2049061	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  HERRINGTON, JAY 912 NW 56 TER B GAINESVILLE, FL 32605
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**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 renewing)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2008**

**9. Election Campaign Financing**  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

01/11/08-80009-002-61.25

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> PD	<b>NAME</b> HERRINGTON, JAY
<b>STREET ADDRESS</b> 912 NW 56 TER	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32605
<b>TITLE</b> VD	<b>NAME</b> HERRINGTON, KAREN
<b>STREET ADDRESS</b> 912 NW 56 TER	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32605
<b>TITLE</b> STD	<b>NAME</b> ISENBERG, ADRIANE
<b>STREET ADDRESS</b> 912 NW 56 TER	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32605
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/08 352 331 9593