

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 06, 2004 08:00 AM  
Secretary of State

DOCUMENT # N99000005491

1. Entity Name  
CAPITAL OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1910 BUFORD BLVD  
STE A&B  
TALLAHASSEE, FL 32308 US

Mailing Address  
1910 BUFORD BLVD  
STE A&B  
TALLAHASSEE, FL 32308 US



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3076053

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWARTZ, ROY L MD  
1910 BUFORD BLVD, STE B  
TALLAHASSEE, FL 32306

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, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000104501  
04/06/04-80014-005 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SCHWARTZ, ROY L MD  
1910 BUFORD BLVD, STE B  
TALLAHASSEE, FL 32306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
CRONA, BILL  
2727 APALACHE PKWY  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
COPPER, KIMBERLY  
1910 BUFORD BLVD, STE B.  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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.

SIGNATURE

*[Signature]*

4/1/04 850-219-9644