# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 26, 2012**
**Secretary of State**

DOCUMENT# N99000005491

**Entity Name:** CAPITAL OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, ROY I MD
1910 BUFORD BLVD, STE B
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PTD
Name: SCHWARTZ, ROY I MD
Address: 1910 BUFORD BLVD, STE B
City-St-Zip: TALLAHASSEE, FL 32308

Title: VST
Name: SCHWARTZ, KIMBERLY
Address: 1910 BUFORD BLVD, STE B
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT
Name: SCHWARTZ, KIMBERLY
Address: 1910 BUFORD BLVD. STE B.
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: ROY I SCHWARTZ MD PTD 09/26/2012

Electronic Signature of Signing Officer or Director Date