

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 23, 2005
Secretary of State**

DOCUMENT# N04000005813

Entity Name: FLORIDA OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7 FLORIDA PARK DRIVE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

7 FLORIDA PARK DRIVE
PALM COAST, FL 32137

New Mailing Address:

P.O. BOX 353187
PALM COAST, FL 32135

FEI Number: 77-0647829 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THORNHILL, LESLIE
7 FLORIDA PARK DRIVE
PALM COAST, FL 32137 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: PD () Delete
Name: THORNHILL, LESLIE
Address: 7 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: VD () Delete
Name: GARDNER, NANCY
Address: 7 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: STD () Delete
Name: THORNHILL, DARRYL
Address: 7 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DICKINSON, BOB
Address: 10 FLORIDA PARK DRIVE, SUITE D
City-St-Zip: PALM COAST, FL 32137

Title: VPD (X) Change () Addition
Name: HOCHMAN, OLGA
Address: 10 FLORIDA PARK DRIVE, SUITE A
City-St-Zip: PALM COAST, FL 32137

Title: STD (X) Change () Addition
Name: THORNHILL, LESLIE
Address: 7 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32137

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: BOB DICKINSON

PD

07/23/2005

Electronic Signature of Signing Officer or Director

_____ Date