

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # N04000005813
 1. Entity Name
 FLORIDA OFFICE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 7 FLORIDA PARK DRIVE
 PALM COAST, FL 32137

Mailing Address
 P.O. BOX 353187
 PALM COAST, FL 32135



04162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0647829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STOKES, LEA A
 1095 6TH ST STE 100
 GEORGETOWN, FL 32139

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKINSON, BOB 10 FLORIDA PARK DRIVE, SUITE D PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOCHMAN, OLGA 10 FLORIDA PARK DRIVE, SUITE A PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THORNHILL, LESLIE 7 FLORIDA PARK DRIVE PALM COAST, FL 32137
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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U00000738881
 05/14/07-80002-016 61.25

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: Robert E. Dickinson **ROBERT E. DICKINSON** 4-19-07 386 931-2853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #