

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90104 004 ****61.25

DOCUMENT # N05000005923

1. Entity Name
SOUTHLAKE OFFICE CENTER OWNERS ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 3153
POINTE VERDA BEACH, FL 32004**

Mailing Address
**P.O. BOX 3153
POINTE VERDA BEACH, FL 32004**

2. Principal Place of Business
PO Box 51145
Suite, Apt. #, etc.

3. Mailing Address
PO Box 51145
Suite, Apt. #, etc.



01102006 Chg-NP CR2E037 (11/05)

City & State
Jacksonville Beach, FL
Zip
32240
Country
US

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Jacksonville Beach, FL
Zip
32240
Country
US

4. FEI Number
20-3005860

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, III, PIKE
138 MUIRFIELD DRIVE
POINTE VERDA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name **JERRE Brett bart**
Street Address (P.O. Box Number is Not Acceptable) **2279 SEMINOLE Rd #6**
City **ATLANTIC BEACH** FL Zip Code **32283**

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]*
Signature, typed or printed name of registered agent and title if applicable.

JERRE Brett bart

1/16/06
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, III, PIKE P.O. BOX 3153 POINTE VERDA BEACH, FL 32004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TOWERS, JR., W.B. 6215 WILSON BLVD. JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST O'CONNOR, MARK E P.O. BOX 3153 POINTE VERDA BEACH, FL 32004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pike Hall, III, Pres Date **1/16/06** Daytime Phone # **904 9989200**