2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCLIMENT # NOSOOOSOO



FILED Jan 23, 2006 8:00 am

1. Entity Name SOUTHLAKE OFFICE CENTER OWNERS ASSOCIATION, INC.				3m)	01-23-2006 90104 004 ****61.25		
Principal Place of Business P.O. BOX 3153 POINTE VERDA BEACH, FL 32004 Mailing Address P.O. BOX 3153 POINTE VERDA BEACH, FL 32004					20002347	HI BI BI (BB)	
PO T	Boy 51145	3. Mailing Address	51145				
Suite, Apt.	#, etc. 1	Suite, Apt. #, etc.			ng-NP CR2E037 (11/05)		
City & Stat	sonulle beach t	- Jackson	Ville BEA	de FEI Number 20-3	05860 AF	pplied For ot Applicable	
zig U	40 Country US	32240	Country	5. Certificate of St	atus Desired		
	6. Name and Address of Current R	legistered Agent	N		ress of New Registered Agent		
HALL, III, I	PIKE		Name JE	erre Brei	t bart		
138 MUIRFIELD DRIVE			Street Address (P.O. Box Number is Not Acceptable)				
POINTE V	ÉRDA BEACH, FL 32082			17 SEMING	HE NOW 40		
			City /	. w. 2.	A ₽ ∎ Z <u>in</u> Cod	le	
			rnu	a_{MHL} a_{DEML}	- L L TS ማ	クスろ	
8. The above	named entity submits this statement for t	the purpose of changing its re	egistered office or regi	ANTIC DEAC pistered agent, or both, in		283 and accept	
8. The above the obligat	named entity submits this statement for tiens of registered agent.	the purpose of changing its re	gistered office or regi			283 , and accept	
the obligat	named entity submits this statement for tights of registered agent.	the purpose of changing its re	gistered office or regi			283 and accept	
8. The above the obligat SIGNATURE	named entity submits this statement for tipes of registered agent. Signature types or printed name of registered agent an	est Bast	rgistered office or regi	Prestbart		and accept	
the obligat	ions of registered agent.	est Bast	JERRE Registered Agent signature requalities	Prestbart	the State of Florida. I am familiar with,	200	
the obligat	Signature, type or printed name of registered agent an	9. Election Camp Trust Fund Col	JERRE Registered Agent signature requalities	Prestbart quired when reinstating) \$5.00 May Be Added to Fees	the State of Florida. I am familiar with,	o to tate	
the obligated SIGNATURE 10.	Signature, type or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Camp Trust Fund Col	TERRE Registered Agent signature registered Agent signature registered agent signature registered agent from the signature registered age	Prestbart quired when reinstating) \$5.00 May Be Added to Fees	the State of Florida. I am familiar with, DATE Make check payable t Florida Department of S	o to tate	
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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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

116/06

☐ Change

☐ Addition