

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011048

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: AUGUSTINE OAKS OFFICE CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8515 BAYMEADOWS WAY, SUITE 102  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9191 R G SKINNER PARKWAY  
SUITE 503  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8515 BAYMEADOWS WAY, SUITE 102  
JACKSONVILLE, FL 32256

**New Mailing Address:**

9191 R G SKINNER PARKWAY  
SUITE 503  
JACKSONVILLE, FL 32256

FEI Number: 02-0767792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CRABTREE, R. R  
8777 SAN JOSE BLVD  
BLDG A, SUITE 200  
JACKSONVILLE, FL 32217 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: DP ( ) Delete  
Name: LOOSBROCK, FRANK  
Address: 8515 BAYMEADOWS WAY, SUITE 102  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DV ( ) Delete  
Name: GILES, RICK  
Address: 8515 BAYMEADOWS WAY, SUITE 102  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DST (X) Delete  
Name: STRICKLAND, CHRIS  
Address: 8515 BAYMEADOWS WAY, SUITE 102  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GILES, RICK  
Address: 9191 R G SKINNER PARKWAY, SUITE 503  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DST (X) Change ( ) Addition  
Name: STRICKLAND, CHRIS  
Address: 9191 R G SKINNER PARKWAY, SUITE 503  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RICK GILES

DP

04/13/2007

Electronic Signature of Signing Officer or Director

Date