

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2011
Secretary of State

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

Current Principal Place of Business:

11481 OLD ST AUGUSTINE ROAD
SUITE 104
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

P O BOX 330052
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 02-0767792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREITBART, JERRE
2279 SEMINOLE RD #6
ATLANTIC BEACH, FL FL32233 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: D
Name: BREITBART, JERRE
Address: 2279 SEMINOLE RD #6
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: PD
Name: CENTRELLA, JASON
Address: 11481 OLD ST AUGUSTINE ROAD STE 104
City-St-Zip: JACKSONVILLE, FL 32258

Title: DS
Name: BLACKFORD, STEVE
Address: 11481 OLD ST AUGUSTINE ROAD STE 104
City-St-Zip: JACKSONVILLE, FL 32258

Title: DVP
Name: GILES, RICK
Address: 11481 OLD ST AUGUSTINE ROAD STE 104
City-St-Zip: JACKSONVILLE, FL 32258

Title: DT
Name: HAAS, RANDALL
Address: 11481 OLD ST AUGUSTINE ROAD STE 104
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: JASON CENTRELLA

PRES

03/09/2011

Electronic Signature of Signing Officer or Director

Date