2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N05658

Entity Name: JACKSONVILLE CORPORATE CENTER I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2215 EAST STATE ROAD 200
YULEE, FL 32097 US

New Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097 US

Current Mailing Address:

P.O. BOX 1987
YULEE, FL 320411987 US

New Mailing Address:

FEI Number: 59-2911360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, TERRELL
2215 EAST STATE ROAD 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

POWELL, TERRELL
463499 STATE ROAD 200
YULEE, FL 32097 US

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: _____ 04/21/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: SEMINIK, JOHN
Address: 2120 CORPORATE SQUARE BLVD SUITE 4
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD ( ) Delete
Name: BOATRIGHT, WILLIAM
Address: 2120 COPORATE SQUARE BLVD, STE 13
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD ( ) Delete
Name: BOATRIGHT, WILLIAM
Address: 2120 CORPORATE SQUARE BLVD., SUITE 13
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Section 119.07(3)(i), 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: WILLIAM BOATRIGHT PD 04/21/2004
Electronic Signature of Signing Officer or Director — Date