

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90006 010 ****61.25

DOCUMENT # N99000007331



1. Entity Name
95 CORPORATE CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business
6650 SOUTHPOINT PKWY.
JACKSONVILLE FL 32216

Mailing Address
7 BECKER FARM ROAD
ROSELAND NJ 07068

54065741



MOORE CR2E037 (11/03)

2. Principal Place of Business
6675 Corp Center Pkwy

3. Mailing Address
6675 Corp Center Pkwy

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3650408

Applied For
 Not Applicable

Zip
32216

Country

Zip
32216

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINEY, C. WILLIAM ESQ
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MEISLER, JOANNE F 7 BECKER FARM RD. ROSELAND NJ 07968	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SLOOTMAKER, ADRIAN P 7 BECKER FARM RD. ROSELAND NJ 07968	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORTON, DONN H 7 BECKER FARM RD. ROSELAND NJ 07968	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRANGONE, CATHI 7 BECKER FARM RD. ROSELAND NJ 07968	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURSO, JILL 7 BECKER FARM RD. ROSELAND NJ 07968	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP W. Alex Coley 6675 Corporate Center Pkwy, Ste 100 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Elizabeth K. Crews 6675 Corporate Center Pkwy, Ste 100 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coen Arviss 6675 Corporate Center Pkwy, Ste 100 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey A. Conn 6675 Corporate Center Pkwy, Ste 100 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. Patrick Thornton 6675 Corporate Center Pkwy, Ste 100 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 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]* Date: *04-28-2004* Daytime Phone #: *(904)363-9002*