



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # N99000006602<br>1. Entity Name<br>EGMONT PROFESSIONAL PARK OWNERS ASSOCIATION, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>1941 CITRONA DRIVE<br>FERNANDINA BEACH, FL 32034 | Mailing Address<br>1941 CITRONA DRIVE<br>FERNANDINA BEACH, FL 32034 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

|  |                                       |
|--|---------------------------------------|
|  |                                       |
| 01032007 No Chg-NP   | CR2E037 (4/06)                        |
| 4. FEI Number<br>59-3661444  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

A. JEFFERY TOMASSETTI  
 406 ASH STREET  
 FERNANDINA BEACH, FL 32301

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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)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>OWENS, C K<br>1947 CITRONA DRIVE<br>FERNANDINA BEACH, FL 32034     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>OWENS, SHIRLEY<br>1947 CITRONA DRIVE<br>FERNANDINA BEACH, FL 32034 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MILLS, GEORGE G<br>1941 CITRUS DRIVE<br>FERNANDINA BEACH, FL 32034 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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U00000578928  
 01/05/07-80005-003 61.25

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.

SIGNATURE:  **George G. Mills** 1/3/07 904-321-0050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #