

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006602

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** EGMONT PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1941 CITRONA DRIVE  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1941 CITRONA DRIVE  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

FEI Number: 59-3661444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

MILLS, GEORGE G D  
1941 CITRONA DRIVE  
FERNANDINA BEACH, FL 32034 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: GEORGE G MILLS

01/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OWENS, C K  
Address: 1947 CITRONA DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: OWENS, SHIRLEY  
Address: 1947 CITRONA DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: MILLS, GEORGE G  
Address: 1941 CITRUS DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

**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 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: GEORGE G MILLS

D

01/23/2009

Electronic Signature of Signing Officer or Director

Date