

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 734828

1. Entity Name
THE OFFICE PAVILION ASSOCIATION, INC.



Principal Place of Business
**2301 PARK AVE, STE 208
ORANGE PARK, FL 32073**

Mailing Address
**2301 PARK AVE, STE 208
ORANGE PARK, FL 32073** US



01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1763040 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**FULLER, BARRY
2301 PARK AVE
ORANGE PARK, FL 32073**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

BARRY FULLER

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/2006

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
KELLER, DWIGHT
2301 PARK AVE, STE 201
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
JOHNSON, STEVE
2301 PARK AVE
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
HARTWIG, KELLEY
2301 PARK AVE STE 300
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
RAYNER, OLIVE
2301 PARK AVE
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
PALMER, BARBARA
2301 PARK AVE
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000420397
02/15/06-80055-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN W. JOHNSON

DATE

DAYTIME PHONE #

1/31/06 904-264-0708