

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 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**



02142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1763040** ☐ Applied For ☐ Not Applicable

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000642530
03/01/07-80038-011 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: Linda Johnson **LINDA JOHNSON** **2-15-07** **904-264-070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #