

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000172

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLORIDA OFFICE PARK ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3626918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF N.C. FL
500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: HARRISON, KIP
Address: 600 NW 43 ST., SUITE A-1
City-St-Zip: GAINESVILLE, FL 32606

Title: PD () Delete
Name: HOLLOWAY, SAM
Address: 600C NW 43 ST
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: ROBINSON, TOM
Address: 5800 NW 39 AVE., SUITE 101
City-St-Zip: GAINESVILLE, FL 32606

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: SAM HOLLOWAY

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date