

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90186 046 ****61.25

DOCUMENT # N00000004336					
1. Entity Name MARION PLACE OFFICE PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 2806 W US 90 STE 101 LAKE CITY, FL 32055			Mailing Address 2806 W US 90 STE 101 LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box # 164 NW MADISON ST Suite, Apt. #, etc. SUITE 102 City & State LAKE CITY FL Zip 32055 Country USA		3. Mailing Address PO Box 3659 Suite, Apt. #, etc. City & State LAKE CITY FL Zip 32056 Country USA		4. FEI Number 59-3662541	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 W US 90 SUITE 101 LAKE CITY, FL 32055			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 164 NW MADISON ST SUITE 102 City LAKE CITY FL Zip Code 32055		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAPPS, DANIEL 2806 W US 90 STE 101 LAKE CITY, FL 32055 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 3659 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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04012007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 164 NW MADISON ST
 SUITE 102
 City
 LAKE CITY FL
 Zip Code
 32055

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** **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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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: DANIEL CRAPPS PRESIDENT 4/2/07 386-755-5710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #