

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90002 014 ****61.25

DOCUMENT # N00000006478			
1. Entity Name PROGRESS CORPORATE PARK OWNER'S ASSOCIATION, INC.			
Principal Place of Business 4400 NW 36TH AVE GAINESVILLE, FL 32606		Mailing Address 4400 NW 36TH AVE GAINESVILLE, FL 32606	
2. Principal Place of Business - No P.O. Box # 13709 PROGRESS BLVD		3. Mailing Address 13709 PROGRESS BLVD Box 35	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ALACHUA, F		City & State ALACHUA FL	
Zip 32615		Country USA	
4. FEI Number 59-3704165		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANAGEMENT SPECIALISTS 4400 NW 36TH AVE GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name: <u>BURGESS MANAGEMENT SERVICES</u> Street Address (P.O. Box Number is Not Acceptable): <u>13709 PROGRESS BLVD Box 35</u> City: <u>ALACHUA</u> <u>FL</u> <u>32615</u>	
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: <u>BURGESS MANAGEMENT SERVICES LLC</u> <u>Jonah Burgess</u> <u>2/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAWLEY, PHILLIP L 300 SW 143 ST JONESVILLE, FL 32669	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAW, JAMES W 13505 N.W. 88TH PLACE ALACHUA, FL 32615	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOMPKINS, DARRYL J PO BOX 519 ALACHUA, FL 32616	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIGGINS, J. ARDENE PO BOX 1857 ALACHUA, FL 32616	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIGGINS, J. ARDENE PO BOX 1857 ALACHUA, FL 32616	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIGGINS, J. ARDENE PO BOX 1857 ALACHUA, FL 32616	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIGGINS, J. ARDENE PO BOX 1857 ALACHUA, FL 32616	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIGGINS, J. ARDENE PO BOX 1857 ALACHUA, FL 32616	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIGGINS, J. ARDENE PO BOX 1857 ALACHUA, FL 32616	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u>		Date: <u>2/25/2008</u> Daytime Phone #: <u>352-418-1001</u>	