

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008284

FILED
Jan 29, 2009
Secretary of State

Entity Name: PERIMETER PARK OFFICE CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8825 PERIMETER PARK BLVD
SUITE 303
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8825 PERIMETER PARK BLVD
SUITE 303
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3690501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEGNAN, JAMES M CPA
8825 PERIMETER PARK BLVD
SUITE 303
JACKSONVILLE, FL 32216 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: V () Delete
Name: GLAZIER, SCOTT
Address: 8825 PERIMETER PARK BLVD., STE 504
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP () Delete
Name: FORBES, MARIE M
Address: 8825 PERIMETER PARK BLVD, SUITE 101
City-St-Zip: JACKSONVILLE, FL 32216

Title: TS () Delete
Name: DEGNAN, JAMES M
Address: 8825 PERIMETER PARK BLVD, SUITE 303
City-St-Zip: JACKSONVILLE, FL 32216

Title: DC () Delete
Name: DECKER, AMY
Address: 8825 PERIMETER PARK BLVD, SUITE 601
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: SHARP, WILLIAM, JR.
Address: 8825 PERIMETER PARK BLVD., STE 401
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GLAZIER, SCOTT
Address: 8825 PERIMETER PARK BLVD., STE 504
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change () Addition
Name: WOLFE, IRENE L
Address: 8825 PERIMETER PARK BLVD, SUITE 101
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DECKER, AMY
Address: 8825 PERIMETER PARK BLVD, SUITE 601
City-St-Zip: JACKSONVILLE, FL 32216

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: JAMES M. DEGNAN

TS

01/29/2009

Electronic Signature of Signing Officer or Director

Date