


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90002 050 \*\*\*\*61.25

<b>DOCUMENT # N0100006871</b>					
<b>1. Entity Name</b> PERIMETER PARK PHASE II OFFICE CENTER OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 101 PLANTATION DR PONTE VEDRA BEACH, FL 32082			<b>Mailing Address</b> 101 PLANTATION DR PONTE VEDRA BEACH, FL 32082		
<b>2. Principal Place of Business</b> 11555 CENTRAL PARKWAY Suite, Apt. #, etc. Suite 1104 City & State JACKSONVILLE, FL Zip 32224 Country US		<b>3. Mailing Address</b> PPOC II OWNERS' ASSOC., INC Suite, Apt. #, etc. PO Box 3153 City & State PONTE VEDRA BEACH FL Zip 32084 Country		01102005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 80-0002382				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HALL, PIKE III 101 PLANTATION DR PONTE VEDRA BEACH, FL 32082			<b>7. Name and Address of New Registered Agent</b> Name HALL, PIKE III Street Address (P.O. Box Number is Not Acceptable) 138 MURFIELD DR City PONTE VEDRA BEACH FL    Zip Code 32082		
<b>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.</b> SIGNATURE <u>Pike Hall III</u> <u>Pike Hall III</u> <u>4/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> HALL, PIKE III <b>STREET ADDRESS</b> 138 MURFIELD DR. <b>CITY-ST-ZIP</b> PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ROSS, JOHN E <b>STREET ADDRESS</b> 8833 PERIMETER PARK BLVD, SUITE 402 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> OEHLMAN, WAYNE <b>STREET ADDRESS</b> 8833 PERIMETER PARK BLVD, SUITE 801 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SEYMOUR, CHRIS <b>STREET ADDRESS</b> 8823 PERIMETER PARK BLVD, SUITE 301 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Pike Hall III</u> <u>4/14/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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