

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90020 028 \*\*\*\*61.25

<b>DOCUMENT # N01000006871</b>					
<b>1. Entity Name</b> PERIMETER PARK PHASE II OFFICE CENTER OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 11555 CENTRAL PARKWAY SUITE 1104 JACKSONVILLE, FL 32224			<b>Mailing Address</b> PPOCII OWNER'S ASSOC., INC. PO BOX 3153 PONTE VEDRA BEACH, FL 32004		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 80-0002382	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HALL, PIKE III 138 MUIRFIELD DR PONTE VEDRA BEACH, FL 32082			Name <u>JERRE BREITBART</u> Street Address (P.O. Box Number is Not Acceptable) <u>11555 CENTRAL PARKWAY</u> <u>SUITE 1104</u> City <u>JACKSONVILLE</u> <u>FL</u> Zip Code <u>32224</u>		
<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>Jerre Breitbart</u> <u>JERRE BREITBART</u> <u>1/13/06</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 Due by May 1, 2006</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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, PIKE III 138 MUIRFIELD DR PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Robert Brathune ATLANTIC COMMERCIAL PROPERTIES, INC. 5761 PERIMETER PARK BLVD. SUITE 200 JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JOHN E 8833 PERIMETER PARK BLVD, SUITE 402 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bill Gasse 8833 PERIMETER PARK BLVD STE 603 JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OEHLMAN, WAYNE 8833 PERIMETER PARK BLVD, SUITE 801 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Tracy Haught 8833 Perimeter Park Blvd #703 JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, CHRIS 8823 PERIMETER PARK BLVD, SUITE 301 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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
<b>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 lines empowered.</b>					
SIGNATURE: <u>[Signature]</u> <u>3/15/06</u> <u>904667822</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					