

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90020 008 ****61.25

DOCUMENT # N01000006871					
1. Entity Name PERIMETER PARK PHASE II OFFICE CENTER OWNERS' ASSOCIATION, INC.					
Principal Place of Business 11555 CENTRAL PARKWAY SUITE 1104 JACKSONVILLE, FL 32224			Mailing Address PPOCII OWNER'S ASSOC., INC. PO BOX 51145 JACKSONVILLE BEACH, FL 32240 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip-		Country		Zip-	
Country		Country		Country	
4. FEI Number 80-0002382					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
BREITBART, JERRE 11555 CENTRAL PARKWAY SUITE 1104 JACKSONVILLE, FL 32224					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE ST	NAME HAUGHT, TRACY	<input checked="" type="checkbox"/> Delete	TITLE ST	NAME PHIL HAUGHT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8833 PERIMETER PARK BLVD #703	CITY-ST-ZIP JACKSONVILLE, FL 32216		STREET ADDRESS 8833 PERIMETER PARK STE 703	CITY-ST-ZIP JACKSONVILLE, FL 32216	
TITLE P	NAME ATLANTIC COMMERCIAL PROPERTIES, INC.	<input type="checkbox"/> Delete	TITLE VP	NAME LYNN BIDLEMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8761 PERIMETER PARK BLVD, SUITE 200	CITY-ST-ZIP JACKSONVILLE, FL 32216		STREET ADDRESS 8833 PERIMETER PARK #1104	CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE VP	NAME GASSETT, BILL	<input type="checkbox"/> Delete	TITLE D	NAME JERRE BREITBART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8833 PERIMETER PARK BLVD, STE 603	CITY-ST-ZIP JACKSONVILLE, FL 32216		STREET ADDRESS PO BOX 51145	CITY-ST-ZIP JACKSONVILLE BEACH, FL 32240	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/26/08					