2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State
03-23-2004 90004 049 ****61.25

DOCUMENT # N01000008081

1. Entity Name
MILLHOPPER OFFICE PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5800 NW 39TH AVE STE 101 GAINESVILLE, FL 32606-6972 US	5800 NW 39TH AVE STE 101 GAINESVILLE, FL 32606-6972 US

2. Principal Place of Business	3. Mailing Address
C/O WATSON REALTY CORP.	C/O WATSON REALTY CORP.
Suite, Apt. #, etc.: 4516 NW 23RD AVE.	Suite, Apt. #, etc.: 4516 NW 23RD AVE.
City & State: GAINESVILLE, FL.	City & State: GAINESVILLE, FL.
Zip: 32606 Country: USA	Zip: 32606 Country: USA

01292004 Chg-NP CR2E037 (10/03)

4. FEI Number: 03-0330896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, THOMAS A
5800 NW 39TH AVE
STE 101
GAINESVILLE, FL 32606-6972

7. Name and Address of New Registered Agent

Name: FRANCES C. POLLARD
Street Address (P.O. Box Number is Not Acceptable): C/O WATSON REALTY CORP.
4516 NW 23RD AVE
City: GAINESVILLE **FL** Zip Code: 32606

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: Frances C. Pollard Agent 2-25-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROBINSON, THOMAS A 5800 NW 39TH AVE STE 101 GAINESVILLE, FL 326066972	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T JEAN ROBINSON 5800 NW 39th AVE STE 101 GAINESVILLE FL. 32606-6972	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MOTT, BONNIE 4915 NW 43RD. ST. GAINESVILLE, FL 326064460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HALL, RICHARD L 4915 NW 43RD. ST. GAINESVILLE, FL 326064460	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: ⓧ Bonnie Mott VP 3-17-04 352373-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #