

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01961

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** FOXBRIDGE II OFFICE COMPLEX OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2630 N.W. 41ST ST., STE B  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2630 N.W. 41ST ST., STE B  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-2601374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIPLETT, THOMAS E JR  
2630 N.W. 41ST ST., STE B  
GAINESVILLE, FL 32606 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:** PD  
**Name:** TRIPLETT, THOMAS E JR  
**Address:** 2630 N.W. 41ST ST., STE B  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** VPD  
**Name:** CORYELL, RALPH  
**Address:** 2630 N.W. 41ST ST., STE D  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** STD  
**Name:** WILSON, MERRY LYNNE  
**Address:** 2630 N.W. 41ST ST., STE B  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** D  
**Name:** METZLER, MIKE  
**Address:** 2630 N.W. 41ST ST., STE A  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** D  
**Name:** MONTGOMERY, JEFF  
**Address:** 2630 N.W. 41ST ST., STE A  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** D  
**Name:** GOLDBLATT, ALAN  
**Address:** 2630 NW 41ST STREET, SUITE C  
**City-St-Zip:** GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

**SIGNATURE:** MERRY LYNNE WILSON

STD

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date