## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N02000003364

1. Entity Name
WOODCREST OFFICE CENTER OWNERS



**FILED** Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90063 002 \*\*\*\*61.25

ASSOCIATION, INC.								
C/O DENHOLTZ & ASSOCIATES PO		Mailing Address POST OFFICE BOX 123 RAHWAY, NJ 07065	POST OFFICE BOX 1234			31 <b>0</b> 11 <b>80</b> 41k <b>08</b> 777 <b>0</b> 8714	ARIII ARIIN IIIRA IIIKA AIIK	RIBIITI OI IBBL
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032008 C	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number Applied For 22-3799293 Not Applicable			
Zip	Country	Zip	Cou	intry	5. Certificate of St	atus Desired	S8.75 Ac	dditional
	6. Name and Address of Currer	nt Registered Agent			7. Name and Add	ress of New Re	gistered Agent	
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324		Name Street Addres		s (P.O. Box Number is Not Acceptable)			
				City			FL Zip Co	de
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 acce								
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaig Trust Fund Contrib					\$5.00 May Be Added to Fees		ike check payable da Department of t	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTORS I	N 10
NAME STREET ADDRESS CITY-ST-ZIP	DENHOLTZ, STEVEN MR. POST OFFICE BOX 1234			E ST ET ADDRESS -ST-ZIP	poident.	Denh opps 1	oltz Pchange fuerwe	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEIBERGER, NEIL MR. POST OFFICE BOX 1234				(1	9 310	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SCHIMPF, JOHN MR. POST OFFICE BOX 1234						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					Change	☐ Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that report	ny signat as requir	ture shall have the	same legal effect as i	if made under oa	ath; that I am an office	er or director
SIGNAT	URE: SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICER	OR DIRECT	steven	Denho	Date	2 10 Daytime Phone #	<u>r</u>