

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005043

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** ROBERT COWEN INDUSTRIAL PARK OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1864 COWEN ROAD  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

1864 COWEN ROAD  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 20-1067201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANKENSHIP, SUZANNE  
25 WEST GOVERNMENT STREET  
PENSACOLA, FL 32502 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 ( ) Delete  
Name: GLAZE, BRETT  
Address: 1864 COWEN RD  
City-St-Zip: GULF BREEZE, FL 32563

Title: SEC ( ) Delete  
Name: LYONS, PAT  
Address: 1856 COWEN ROAD  
City-St-Zip: GULF BREEZE, FL 32563

Title: TRES ( ) Delete  
Name: GLAZE, BRETT  
Address: 1856 COWEN ROAD  
City-St-Zip: GULF BREEZE, FL 32563

Title: S (X) Delete  
Name: BOHON, ANNE  
Address: 866 LAWRENCEVILLE HIGHWAY  
City-St-Zip: LAWRENCEVILLE, GA 30045

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: BOHON, ANNE  
Address: 866 LAWRENCEVILLE HIGHWAY  
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: TRES (X) Change ( ) Addition  
Name: GLAZE, BRETT  
Address: 1864 COWEN ROAD  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRETT GLAZE

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date