2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009350

FILED Jan 07, 2008 Secretary of State

Entity Name: HERITAGE OAKS BUSINESS CENTER CONDOMINIUM ASSOCIATION. INC

Name and Address of Current Registered Agent: O'BRIEN, TIMOTHY J 3023 SHANNON LAKES NORTH UNIT 102 TALLAHASSEE, FL 32309 US The above named entity submits this statement for the purpose of changing its registered office or registe in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICER Title: PD () Delete Title: () Change () Address: 3015 - SHANNON LAKES N 301 Address: 3015 - SHANNON LAKES N 301 Address: City-St-Zip: TALLAHASSEE, FL 32309 Title: VSTD () Delete Title: () Change () Address: O'BRIEN, TIMOTHY J Name: O'BRIEN, TIMOTHY J Name: O'BRIEN, TIMOTHY J Address: 3023 SHANNON LAKES NORTH UNIT 102 Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309	Littly Name	e. HERITAGE OARS	BOSINESS CENTER		(000CIATION	, INC.		
UNIT 102 TALLAHASSEE, FL 32309 Current Mailing Address: New Mailing Address: 3023 SHANNON LAKES NORTH UNIT 102 TALLAHASSEE, FL 32309 FEI Number: 38-3666611 FEI Number Applied For () FEI Number Not Applicable () Certificate of S Name and Address of Current Registered Agent: Name and Address of New Registered O'BRIEN, TIMOTHY J 3023 SHANNON LAKES NORTH UNIT 102 TALLAHASSEE, FL 32309 THe above named entity submits this statement for the purpose of changing its registered office or registe in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICER Title: PD () Delete Name: RYAN, MATT Address: 3015 - SHANNON LAKES N 301 City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: VSTD () Delete Name: O'BRIEN, TIMOTHY J Name: Address: 3023 SHANNON LAKES NORTH UNIT 102 City-St-Zip: Title: TALLAHASSEE, FL 32309 City-St-Zip: Title: TItle: D () Delete Title: Name: O'BRIEN, DIANE Title: () Change () Add Name: O'BRIEN, DIANE Title: () Change () Add Name: O'BRIEN, DIANE	Current Principal Place of Business:				New Principal Place of Business:			
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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: TIMOTHY J. O'BRIEN VSTD 01/07/2008