

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009350

FILED
Jan 22, 2009
Secretary of State

Entity Name: HERITAGE OAKS BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3023 SHANNON LAKES NORTH
SUITE 102
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3023 SHANNON LAKES NORTH
SUITE 102
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 38-3666611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, TIMOTHY J
3023 SHANNON LAKES NORTH
UNIT 102
TALLAHASSEE, FL 32309 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: RYAN, MATT
Address: 3015 - SHANNON LAKES N 301
City-St-Zip: TALLAHASSEE, FL 32309

Title: VSTD () Delete
Name: O'BRIEN, TIMOTHY J
Address: 3023 SHANNON LAKES NORTH UNIT 102
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: O'BRIEN, DIANE
Address: 3023 SHANNON LAKES NORTH UNIT 102
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RYAN, MATT
Address: 3015 - SHANNON LAKES N UNIT 301
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: D (X) Change () Addition
Name: O'BRIEN, DIANE
Address: 3023 SHANNON LAKES NORTH UNIT 102
City-St-Zip: TALLAHASSEE, FL 32309

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

01/22/2009

Electronic Signature of Signing Officer or Director

Date