2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # N03000003308

1. Entity Name
HERMITAGE OFFICE PARK OWNERS' ASSOCIATION, INC.

04 APR 22 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

66415724

Principal Place of Business	Mailing Address
2282 KILLEARN CENTER BLVD TALLAHASSEE, FL 32308	2282 KILLEARN CENTER BLVD TALLAHASSEE, FL 32308

04052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1701 HERMITAGE BLVD.	1701 HERMITAGE BLVD.
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc. SUITE 202
City & State TALLAHASSEE. FL	City & State TALLAHASSEE. FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARRISH, ROBERT R JR
~~2282 KILLEARN CENTER BLVD~~
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1701 HERMITAGE BLVD.
SUITE 202

City: TALLAHASSEE **FL** Zip Code: 32308

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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PARRISH, ROBERT R JR ~~2282 KILLEARN CENTER BLVD~~ TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1701 HERMITAGE BLVD. SUITE 202 TALLAHASSEE. FL. 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BETTINGER, JAMES ~~2282 KILLEARN CENTER BLVD~~ TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1701 HERMITAGE BLVD. SUITE 202 TALLAHASSEE FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DREW, MITHCELL N JR 495 FRANK SHAW ROAD TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300033801903 04/26/04--01010--025 **711.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #