2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N03000003308

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

Current Principal Place of Business:

1701 HERMITAGE BLVD
202
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1701 HERMITAGE BLVD
202
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 01-0833975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRISH, ROBERT R JR
1701 HERMITAGE BLVD
202
TALLAHASSEE, FL 32308 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: DP ( ) Delete
Name: PARRISH, ROBERT R JR
Address: 1701 HERMITAGE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT ( ) Delete
Name: MEYER, PATRICIA
Address: 1701 HERMITAGE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DV ( ) Delete
Name: JOHN, MCCONNAUGHHAY
Address: 1709 HERMITAGE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS ( ) Delete
Name: TERRI, LOGAN
Address: 1701 HERMITAGE BLVD SUITE 202
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT R PARRISH JR DP 04/10/2008

Electronic Signature of Signing Officer or Director — Date