

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90066 022 \*\*\*\*61.25

**DOCUMENT # N03000005338**

1. Entity Name  
**GRANDE OAKS BUSINESS PARK CONDOMINIUM OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**3740 T JOHN'S BLUFF RD #16  
 JACKSONVILLE, FL 32224**

Mailing Address  
**3740 T JOHN'S BLUFF RD #16  
 JACKSONVILLE, FL 32224**

**60012105**

2. Principal Place of Business  
**3740 ST JOHNS BLUFF RD**

3. Mailing Address  
**3740 ST JOHNS BLUFF RD**

Suite, Apt. #, etc.  
**16**



01162006 Chg-NP CR2E037 (11/05)

City & State  
**JACKSONVILLE FL**

City & State  
**JACKSONVILLE FL**

Zip  
**32224**

Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALSH ENTERPRISES**  
**11202 ST. JOHNS INDUSTRIAL PKWY N. #1**  
**JACKSONVILLE, FL 32246**

**7. Name and Address of New Registered Agent**

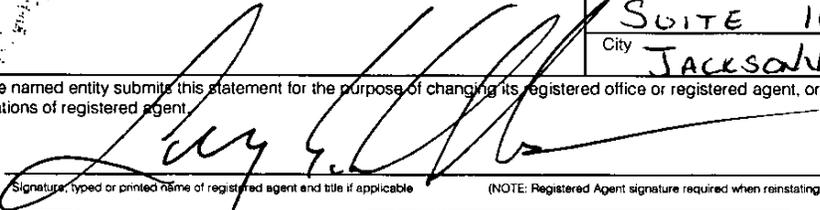
Name **WALSH ENTERPRISES**

Street Address (P.O. Box Number is Not Acceptable)  
**3740 ST JOHNS BLUFF RD S**

**SUITE 16**

City **JACKSONVILLE FL** Zip Code **32224**

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, 2006**

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

**Make check payable to Florida Department of State**

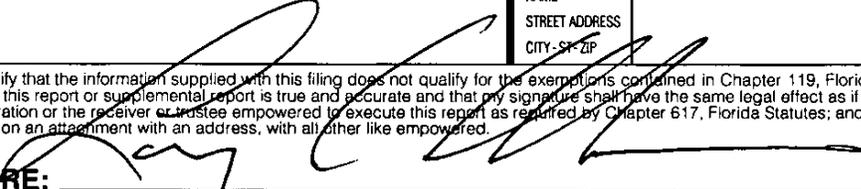
**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALSHAW, LARRY</b>	
STREET ADDRESS	<b>3740 ST JOHN'S BLUFF RD #16</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAUGGEMAN, OLIVE</b>	
STREET ADDRESS	<b>27 S. NAUTICAL BLVD.</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH, FL 32233</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DANISAVAGE, BOB</b>	
STREET ADDRESS	<b>4580 ST. AUGUSTINE RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #