2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005338



FILED Mar 24, 2008 8:00 am Secretary of State 03-24-2008 90076 012 ****61.25

| Applied Formation Appl | | e OAKS BUSINESS PARK C S' ASSOCIATION, INC. | | | | | | | | |
|---|---|---|-----------------------|---------------------|--|---|----------------|---|--------------|--|
| Suite, Apt. #, otc. Suite Apt. #, etc. | 4580 ST. AUGUSTINE RD | | 4580 ST. AUGUSTINE RD | | | | | | | |
| City & State City & State Beaver State Beaver State Beaver State Dealer St | 2. Principal P | 3. Mailing Address | ig Address | | | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Pere Required \$7. Name and Address of New Registered Agent \$7. Name and Address of New Reg | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 02182008 Chg-NP | CR2E037 | (12/06) | | |
| S. Certificate of Satus Desired PAR Required PA | City & State | | City & State | | | | | _ | | |
| SKINNER TRINH 4580 ST. AUGUSTINE RD JACKSONVILLE, FL 32207 8. The above named entity submits this statement for the purpose of changing its registered editic or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and refragement agent agent and refragement agent and refragement agent agent and refragement agent a | Zip | Country | Zip | Cou | intry | 5. Certificate of Status Desired | | | | |
| Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P. | 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New | Registered Ag | ent | | |
| SIGNATURE Signature, speed or registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. Signature Si | CKINNED | TRINIL | | | Name | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signalur, good or period name of registered agent and the Flagoscable INOTE: Registered Agent agreature required whom recitating DATE | 4580 ST. AUGUSTINE RD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| B. 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 speed or prefer agent and refer appealance agent and refer appealance required wher resistating) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| SIGNATURE Signature required signature required algorithms against a product when rendering DATE | | | | | City | | FL | Zip Code | , | |
| Signature, hybert or printed raper of agent and site of agentacidal agent and site of agent agent and site of agent agent and site of agent ag | | | | | | | | | | |
| Due by May 1, 2008 | | | | | | | | | | |
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| NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ST. AUGUATINE, FL 32054 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI | 10. | OFFICERS AND DIF | RECTORS | 11. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRE | CTORS IN | 10 | |
| Delete TITLE DANTSAVAGE, BOB Addition MAME DANTSAVAGE, ROBERT Addition A | NAME STREET ADDRESS | BAUGGEMAN, OLIVE 27 S. NAUTICAL BLVD. | ☐ Delete | NAM Stre | E BRU | UGGEMAN, OL 5 NOUTICAL BI TLANTIC REACH | IVE IVD. ST | • | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | DANISAVAGE, BOB 4580 ST. AUGUSTINE RD. | ☐ Delete | NAM Stre | E DAN ET ADDRESS QQ 4 | SISAVAGE, R | Club | ⊒ ^{Change} 2D• E | Addition | |
| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | REDDING, WAYNE 7241 MARTLE STREET | ☐ Delete | NAM Stre | E D REI | DING-WAYNE 41 MYRTLES | T. | | Addition | |
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| - към столову вологу аластия впостижного виружеря търгу пред вод доржи торгую доржи и пред пред вологи и пред пред на пред на пред пред пред пред пред пред пред пред | NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with | | NAM STRE CITY | E ET ADDRESS -ST-ZIP | d in Chapter 119, Florida Statutes | | _ v | | |

people use and advourse and that my signature shall have the same legal effect as it made under oath; that I am an officer or director explored to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if ress, with all other like empowered. of the corporation or the receiver changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR