2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# N03000005459

Entity Name: BEDFORD OFFICE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1300 BEDFORD DR STE 105
MELBOURNE, FL 32940

New Principal Place of Business:

1300 BEDFORD DR
SUITE 105
MELBOURNE, FL 32940

Current Mailing Address:

1300 BEDFORD DR STE 105
MELBOURNE, FL 32940

New Mailing Address:

1300 BEDFORD DR
SUITE 105
MELBOURNE, FL 32940

FEI Number: 47-0929894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOLENO, GARY
1300 BEDFORD DR STE 101
MELBOURNE, FL 32940 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: RAZZINO, ROBERT J
Address: 1300 BEDFORD DR SUITE 105
City-St-Zip: MELBOURNE, FL 32940

Title: DV ( ) Delete
Name: FOLENO, GARY
Address: P.O. BOX 410457
City-St-Zip: MELBOURNE, FL 329410457

Title: DST ( ) Delete
Name: WOLFMAN, DAVID J
Address: 1300 BEDFORD DR, SUITE 103
City-St-Zip: MELBOURNE, FL 32940

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:

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 J RAZZINO DP 05/11/2009

Electronic Signature of Signing Officer or Director — Date