

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N04000002735

Entity Name: ALEXANDER OAKS OFFICE PARK ASSOCIATION, INC.

Current Principal Place of Business:

1507 ALEXANDER ST., STE. 103
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3566
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 20-0875951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALHOUN, GAIL
1507 S ALEXANDER ST
STE 103
PLANT CITY, FL 33563 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: P () Delete
Name: CALHOUN, GAIL
Address: 1507 S ALEXANDER ST STE 103
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM (X) Delete
Name: DEVIS, AARON
Address: 1507 S ALEXANDER ST STE 103
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM (X) Delete
Name: DAVIS, NATHAN
Address: 1507 S ALEXANDER ST STE 103
City-St-Zip: PLANT CITY, FL 33563

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: GAIL CALHOUN

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date