

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006979

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** RIVER CITY OFFICE CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

12058 SAN JOSE BLVD  
SUITE 904  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

PROPERTY MANAGEMENT PARTNERS OF ST JOHNS  
P.O. BOX 600033  
JACKSONVILLE, FL 32260

**New Mailing Address:**

**FEI Number:** 20-1455020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROPERTY MANG. PARTNERS OF ST.JOHNS,INC.  
12058 SAN JOSE BLVD., SUITE 904  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS  
12058 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223 US

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:** ELAINE T. BROOKS

03/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BRANIFF, MICHAEL  
**Address:** 12058 SAN JOSE BLVD., SUITE 801  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** D  
**Name:** CRABTREE, R R  
**Address:** 8777 SAN JOSE BLVD., BLDG A, SUITE 200  
**City-St-Zip:** JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL BRANIFF

D

03/02/2011

Electronic Signature of Signing Officer or Director

Date