

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2006
Secretary of State**

DOCUMENT# N04000008342

Entity Name: JOHN KNOX PROFESSIONAL OFFICES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2100 DELTA WAY, SUITE 1-8
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-1704930 **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:

ISAACS, DAN
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 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: PD () Delete
Name: DREW, MITCHELL
Address: 2100 DELTA WAY, UNIT 6
City-St-Zip: TALLAHASSEE, FL 32308

Title: SVP () Delete
Name: JOHNSON, WILLIAM
Address: 2100 DELTA WAY, UNIT 2
City-St-Zip: TALLAHASSEE, FL 32308

Title: TST () Delete
Name: REARDON, BILL
Address: 2100 DELTA WAY, UNIT 5
City-St-Zip: TALLAHASSEE, FL 32308

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 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: MITCHELL DREW

P

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date