2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008342

FILED Jaņ 03, 2<u>00</u>8 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2100 DELTA WAY, SUITE 1-8 250 JOHN KNOX ROAD TALLAHASSEE, FL 32303

SUITE 1

TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

431 WAVERLY ROAD 250 JOHN KNOX ROAD TALLAHASSEE, FL 32312 SUITE 1

TALLAHASSEE, FL 32303

FEI Number: 20-1704930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ISAACS, DAN DREW, MITCH

250 JOHN KNOX ROAD 431 WAVERLY ROAD

TALLAHASSEE, FL 32312 US SUITE 6 TALLAHASSEE, FL 32303 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: MITCH DREW 01/03/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

DREW. MITCHELL DREW, MITCHELL Name: Name: 2100 DELTA WAY, UNIT 6 Address: 250 JOHN KNOX ROAD, UNIT 6 Address:

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete Title: (X) Change () Addition JOHNSON, WILLIAM Name: JOHNSON, WILLIAM Name:

Address: 2100 DELTA WAY, UNIT 2 Address: 250 JOHN KNOX ROAD. UNIT 2 City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32303

Title: TST () Delete Title: SEC (X) Change () Addition REARDON, BILL REARDON, BILL Name: Name:

2100 DELTA WAY, UNIT 5 250 JOHN KNOX ROAD, UNIT 5 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete Title: TREA () Change (X) Addition CUTRIGHT, STEPHEN D Name: Name:

250 JOHN KNOX ROAD, UNIT 1 Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303

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: STEPHEN D. CUTRIGHT **TRES** 01/03/2008