

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 15, 2009  
Secretary of State**

DOCUMENT# N04000008342

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

**Current Principal Place of Business:**

250 JOHN KNOX ROAD  
SUITE 1  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

250 JOHN KNOX ROAD  
SUITE 1  
TALLAHASSEE, FL 32303

**New Mailing Address:**

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

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

DREW, MITCH  
250 JOHN KNOX ROAD  
SUITE 6  
TALLAHASSEE, FL 32303 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: PRES ( ) Delete  
Name: DREW, MITCHELL  
Address: 250 JOHN KNOX ROAD, UNIT 6  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP ( ) Delete  
Name: JOHNSON, WILLIAM  
Address: 250 JOHN KNOX ROAD, UNIT 2  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SEC ( ) Delete  
Name: REARDON, BILL  
Address: 250 JOHN KNOX ROAD, UNIT 5  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TREA ( ) Delete  
Name: CUTRIGHT, STEPHEN D  
Address: 250 JOHN KNOX ROAD, UNIT 1  
City-St-Zip: TALLAHASSEE, FL 32303

**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:

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: STEPHEN D. CUTRIGHT

TREA

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date