

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008342

FILED  
Jan 05, 2010  
Secretary of State

**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  
Name: DREW, MITCHELL  
Address: 250 JOHN KNOX ROAD, UNIT 6  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

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

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: STEPHEN D. CUTRIGHT

TREA

01/05/2010

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

\_\_\_\_\_  
Date