

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008667

FILED
Mar 02, 2011
Secretary of State

Entity Name: NORTH CAMPUS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600033
JACKSONVILLE, FL 32260 US

New Mailing Address:

FEI Number: 20-1546798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223 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: P
Name: CLEMENTS, KELLY
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: VP
Name: GRANT, HATTIE
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: THOMPSON, RUSS
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: T
Name: MIMS, DONNA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: HOSANG, BRIAN
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

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: KELLY CLEMENTS

P

03/02/2011

Electronic Signature of Signing Officer or Director

Date