

DOCUMENT # N04000010128

1. Entity Name
THE OFFICES AT EAST PARK OWNERS ASSOCIATION,
INC.

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90016 027 ****61.25

Principal Place of Business
 11555 CENTRAL PARKWAY, #1104
 JACKSONVILLE, FL 32224

Mailing Address
 POST OFFICE BOX 51145
 JACKSONVILLE, FL 32240

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-1800098Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREITBART, JERRE G
 2279 SEMINOLE ROAD, #6
 ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME HALL, PIKE III
 STREET ADDRESS 138 MUIRFIELD DRIVE
 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VD ☐ Delete
 NAME O'CONNOR, MARK E
 STREET ADDRESS 12177 TRAVERTINE TRAIL
 CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE STD ☐ Delete
 NAME BREIBART, JERRE G
 STREET ADDRESS 2279 SEMINOLE ROAD
 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/08 904622380