


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90118 021 ****61.25

DOCUMENT # N04000010578	
1. Entity Name BAYMEADOWS WAY OFFICE CENTER OWNERS ASSOCIATION, INC.	

Principal Place of Business 4745 SUTTON PARK COURT, SUITE 202 JACKSONVILLE FL 32224	Mailing Address 4745 SUTTON PARK COURT, SUITE 202 JACKSONVILLE FL 32224
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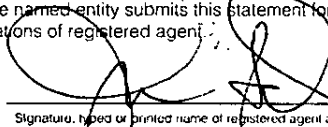
2. Principal Place of Business 8515 Baymeadows Way Suite, Apt. #, etc. Suite 303 City & State Jacksonville, FL Zip 32256 Country DUAR	3. Mailing Address 8515 Baymeadows Way Suite, Apt. #, etc. Suite 303 City & State Jacksonville, FL Zip 32257 Country DUAR
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1st MOORE CR2E037 (10/05)

4. FEI Number 86-1125830	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRABTREE, R.R. 8777 SAN JOSE BOULEVARD BUILDING A, SUITE 200 JACKSONVILLE FL 32217

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 date if applicable	DATE 3-7-06 (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP	NAME LOOSBROCK, FRANK	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 4745 SUTTON PARK COURT, SUITE 202	CITY-ST-ZIP JACKSONVILLE FL 32224		
TITLE DVP	NAME GILES, RICK	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 4745 SUTTON PARK COURT, SUITE 202	CITY-ST-ZIP JACKSONVILLE FL 32224		
TITLE SDT	NAME STRICKLAND, CHRIS	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 4745 SUTTON PARK COURT, SUITE 202	CITY-ST-ZIP JACKSONVILLE FL 32224		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3-7-06