

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010578

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** BAYMEADOWS WAY OFFICE CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8515 BAYMEADOWS WAY  
SUITE 303  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8515 BAYMEADOWS WAY  
SUITE 303  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 86-1125830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRABTREE, R.R.  
8777 SAN JOSE BOULEVARD  
BUILDING A, SUITE 200  
JACKSONVILLE, FL 32217 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: SOPCHAK, JAMES S  
Address: 8515 BAYMEADOWS WAY SUITE 303  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: JOHNSON, SCOTT  
Address: 8515 BAYMEADOWS WAY SUITE 401  
City-St-Zip: JACKSONVILLE, FL 32256

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: JAMES SOPCHAK

PRES

02/26/2010

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

\_\_\_\_\_  
Date