

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90035 018 ****61.25

DOCUMENT # N04000011547	
1. Entity Name CAPRON OFFICE CENTER OWNERS ASSOCIATION, INC.	



Principal Place of Business 1370 BEDFORD DR. SUITE 106 MELBOURNE, FL 32940	Mailing Address 1370 BEDFORD DR. SUITE 106 MELBOURNE, FL 32940
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03102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent BAYTREE BEHAVIORAL HEALTH PA 1370 BEDFORD DR. SUITE 106 MELBOURNE, FL 32940

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. FAIRCHILD, SCOTT 1370 BEDFORD DR. SUITE 106 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOLENO, GARY 1300 BEDFORD DR. SUITE 101 MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 another like empowered.	
SIGNATURE: <u>Scott Fairchild</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>Mar 10, 2006</u> ³²¹ 253-887