2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008
Secretary of State

DOCUMENT# N04000011547

Entity Name: CAPRON OFFICE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1370 BEDFORD DR.
SUITE 106
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1370 BEDFORD DR.
SUITE 106
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAYTREE BEHAVIORAL HEALTH PA
1370 BEDFORD DR.
SUITE 106
MELBOURNE, FL 32940 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 ( ) Delete
Name: FAIRCHILD, SCOTT
Address: 1370 BEDFORD DR. SUITE 106
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP ( ) Delete
Name: FOLENO, GARY
Address: 1300 BEDFORD DR. SUITE 101
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT FAIRCHILD PRES 08/01/2008
Electronic Signature of Signing Officer or Director — Date