

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011547

FILED  
Feb 24, 2011  
Secretary of State

**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 ( )**

**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:**

CAPRON CONDO ASSOCIATION  
1370 BEDFORD DR.  
SUITE 106  
MELBOURNE, FL 32940 US

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: SCOTT FAIRCHILD

02/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FAIRCHILD, SCOTT  
Address: 1370 BEDFORD DR. SUITE 106  
City-St-Zip: MELBOURNE, FL 32940 US

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

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: SCOTT FAIRCHILD

PRES

02/24/2011

Electronic Signature of Signing Officer or Director

Date