2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012080

FILED Feb 08, 2009 Secretary of State

Entity Name: HOLLOWAY OFFICE BUILDING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5800 NW 39TH AVE 1701 NW 80TH BLVD

SUITE 101 STE 101

GAINESVILLE, FL 326066972 US GAINESVILLE, FL 326069267 US

Current Mailing Address: New Mailing Address:

5800 NW 39TH AVE 1701 NW 80TH BLVD

SUITE 101 STE 101

GAINESVILLE, FL 326066972 US GAINESVILLE, FL 326069267 US

FEI Number: 87-0741546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROBINSON, THOMAS A ROBINSON, THOMAS A 5800 NW 39TH AVE 1701 NW 80TH BLVD

SUITE 101 STE 101

GAINESVILLE, FL 326066972 US GAINESVILLE, FL 326069267 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: THOMAS A ROBINSON 02/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 ROBINSON, THOMAS A
 Name:
 ROBINSON, THOMAS A

 Address:
 5800 NW 39TH AVE SUITE 101
 Address:
 1701 NW 80TH BLVD STE 101

 City-St-Zip:
 GAINESVILLE, FL 326066972 US
 City-St-Zip:
 GAINESVILLE, FL 326069267 US

Title: DV () Delete Title: () Change () Addition

 Name:
 HOLLOWAY, SAMUEL N
 Name:

 Address:
 500 NW 43RD ST SUITE 3
 Address:

 City-St-Zip:
 GAINESVILLE, FL 326076117 US
 City-St-Zip:

Title: DST () Delete Title: DST (X) Change () Addition

Name: BOWERS, PAUL D Name: BOWERS, PAUL D

 Address:
 5800 NW 39TH AVE SUITE 101
 Address:
 1701 NW 80TH BLVD STE 101

 City-St-Zip:
 GAINESVILLE, FL 326066972 US
 City-St-Zip:
 GAINESVILLE, FL 326069267 US

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: PAUL D BOWERS DST 02/08/2009