2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N04861

Entity Name: NEPTUNE OAKS PROFESSIONAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

810 THIRD STREET
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

254 THIRD STREET
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 59-2442950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGES, MICHAEL G
254 THIRD STREET
NEPTUNE BEACH, FL 32266 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: T ( ) Delete
Name: DUNLAP, HOWARD
Address: 810 3RD ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: P ( ) Delete
Name: CORRAL, ANTHONY DR.
Address: 802 THIRD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP ( ) Delete
Name: YOUNG, STUART DR.
Address: 302 THIRD ST. STE #3
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: SEC ( ) Delete
Name: MOORE, SHAUNA F
Address: 696 ATLANTIC BLVD.
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL G HODGES RA 03/20/2009
Electronic Signature of Signing Officer or Director — Date