

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000080

FILED  
Aug 29, 2008  
Secretary of State

**Entity Name:** AVENUES BUSINESS CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8016 ACORN RIDGE ROAD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

5570 FLORIDA MINING BLVD #204  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

8016 ACORN RIDGE ROAD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

5570 FLORIDA MINING BLVD #204  
JACKSONVILLE, FL 32257

FEI Number: 02-0734603      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

GONZALES, DAVID E  
8016 ACORN RIDGE ROAD  
JACKSONVILLE, FL 32256      US

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

YORK, TOM  
5570 FLORIDA MINING BLVD #204  
JACKSONVILLE, FL 32257      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: TOM YORK

08/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GONZALES, DAVID E  
Address: 8016 ACORN RIDGE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D      ( ) Delete  
Name: GONZALES, FRANCINE  
Address: 8016 ACORN RIDGE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: YORK, TOM  
Address: 5570 FLORIDA MINING BLVD #204  
City-St-Zip: JACKSONVILLE, FL 32257

Title: S      (X) Change ( ) Addition  
Name: JOHNSTON, DAVID  
Address: 2207 ALICIA LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D      ( ) Change (X) Addition  
Name: GRANT, SAM  
Address: 5570 FLORIDA MINING BLVD #204  
City-St-Zip: JACKSONVILLE, FL 32257

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: DAVID JOHNSTON

S

08/29/2008

Electronic Signature of Signing Officer or Director

Date