
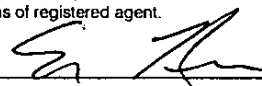


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90128 043 \*\*\*\*61.25

<b>DOCUMENT # N05000000219</b> 1. Entity Name <b>NORTHLAKE PROFESSIONAL PARK ASSOCIATION, INC.</b>			
Principal Place of Business <b>3 PINE CONE DRIVE #108</b> <b>PALM COAST, FL 32137</b>		Mailing Address <b>3 PINE CONE DRIVE #108</b> <b>PALM COAST, FL 32137</b>	
2. Principal Place of Business <b>7 BOULDER ROCK DR.</b> Suite, Apt. #, etc. <b>SUITE 3</b> City & State <b>PALM COAST, FL</b> Zip <b>32137</b>		3. Mailing Address <b>7 BOULDER ROCK DR.</b> Suite, Apt. #, etc. <b>SUITE 3</b> City & State <b>PALM COAST, FL</b> Zip <b>32137</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>01232006</b>		Chg-NP <b>CR2E037 (11/05)</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>RHEE, EUGENE</b> <b>3 PINE CONE DRIVE #108</b> <b>PALM COAST, FL 32137</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7 BOULDER ROCK DR.</b> <b>SUITE 3</b> City <b>PALM COAST</b> <b>FL</b> Zip Code <b>32137</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>3/21/06</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>RHEE, EUGENE</b> <input type="checkbox"/> Delete <b>3 PINE CONE DRIVE #108</b> <b>PALM COAST, FL 32137</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7 BOULDER ROCK DRIVE, SUITE 3</b> <b>PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>MOREJON, OSCAR</b> <input type="checkbox"/> Delete <b>308 RIVER BLUFF DRIVE</b> <b>ORMOND BEACH, FL 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>MANNE, BRUCE</b> <input type="checkbox"/> Delete <b>555 W GRANADA BLVD STE E2</b> <b>ORMOND BEACH, FL 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date <b>3/21/06</b> Daytime Phone # <b>386-446-9050</b>	