2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000219

FILED Jan 10, 2009 Secretary of State

Entity Name: NORTHLAKE PROFESSIONAL PARK ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 7 BOULDER ROCK DR STE 3 PALM COAST, FL 32137 **Current Mailing Address: New Mailing Address:** 7 BOULDER ROCK DR STE 3 PALM COAST, FL 32137 FEI Number: 20-4652266 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: RHEE, EUGENE 7 BOULDER ROCK DR STE 3 PALM COAST, FL 32137 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RHEE, EUGENE Name: Name: Address: 7 BOULDER ROCK DR STE 3 Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: DS Title: () Delete () Change () Addition Name: MOREJON, OSCAR Name: Address: 308 RIVER BLUFF DRIVE Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition MANNE, BRUCE Name: Name: 555 W GRANADA BLVD STE E2 Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 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: EUGENE Y. RHEE DP 01/10/2009