2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002314

FILED Apr 16, 2009 Secretary of State

Entity Name: RHODES-DRISCOLL PROFESSIONAL BUILDING CONDOMINIUM OWNERS ASSOCIATION, INC

Name and Address of Current Registered Agent: RHODES, THOMAS E 1701 NE 42ND AVE UNIT 101 OCALA, FL 34470 US The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Littly Nam	ie. Knobes	-DRISCOLL FROI ESSIONAL	BOILDING CONDOM	MIDINI OVINERS ASSOC	IATION, INC.	
UNIT 101 OCALA, FL 34470 Current Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: Notation of State of	Current Pri	incipal Place	of Business:	New Princip	New Principal Place of Business:		
TOTO I NE 42ND AVE UNIT 101 OCALA, FL 34470 FEI Number: 20-2560540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Star Name and Address of Current Registered Agent: Name and Address of New Registered RHODES, THOMAS E TOTO I NE 42ND AVE UNIT 101 OCALA, FL 34470 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS Title: P () Delete Title: () Change () Addition Name: RHODES, THOMAS E Name: Address: (250y-St-Zip: OCALA, FL 34480 City-St-Zip: (150y-St-Zip: OCALA, FL 34470 City-St-Zip: (150y-St-Zi	JNIT 101						
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1701 NE 42ND AVE UNIT 101 OCALA, FL 34470 US The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS Title: P () Change () Addition Name: RHODES, THOMAS E Name: Address: 1290 SE 91ST PLACE Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: Name: DRISCOLL, MARY S Name: Address: 1701 NE 42ND AVENUE UNIT 102 Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: VP (X) Delete Title: () Change () Addition Name: Name: STAUSS, DON H JR. Name: STAUSS, DON H JR. Address: 6184 NE 69TH STREET Address: Address:	Name and A	Address of C	urrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title: P () Delete Name: RHODES, THOMAS E Address: 1290 SE 91ST PLACE City-St-Zip: OCALA, FL 34480 Title: S () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: S () Delete Title: () Change () Addition Name: Address: OCALA, FL 34480 Title: S () Delete Name: DRISCOLL, MARY S Name: Address: 1701 NE 42ND AVENUE UNIT 102 City-St-Zip: OCALA, FL 34470 Title: VP (X) Delete Name: STAUSS, DON H JR. Address: 6184 NE 69TH STREET Address: 6184 NE 69TH STREET	1701 NE 42 JNIT 101	ND AVE					
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: P () Delete Name: RHODES, THOMAS E Address: 1290 SE 91ST PLACE City-St-Zip: OCALA, FL 34480 Title: S () Delete Name: DRISCOLL, MARY S Address: 1701 NE 42ND AVENUE UNIT 102 City-St-Zip: OCALA, FL 34470 Title: VP (X) Delete Name: STAUSS, DON H JR. Address: 6184 NE 69TH STREET ADDITIONS/CHANGES TO OFFICERS Title: () Change () Addition Name: () Change () Addition Name: () City-St-Zip: () Change () Addition Name: () City-St-Zip: () Change () Addition Name: () City-St-Zip: () Change () Addition Name: () Change ()			ubmits this statement for the p	ourpose of changing its	registered office or regis	tered agent, or both,	
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City-St-Zip: SILVER SPRINGS, FL 34488 City-St-Zip:	Name:	STAUSS, DON 6184 NE 69TH S	HJR. STREET	Name:	()Change ()Ao	ddition	

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: THOMAS E. RHODES PRES 04/16/2009