

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004659

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** THE 18TH STREET PROFESSIONAL PARK II ASSOCIATION, INC.

**Current Principal Place of Business:**

1805 SOUTHEAST 16TH AVE.  
SUITE 901  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1805 SOUTHEAST 16TH AVE  
SUITE 901  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 26-2721785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOX, DANIEL II  
1805 SOUTHEAST 16TH AVE  
SUITE 901  
OCALA, FL 34471 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: PD ( ) Delete  
Name: FOX, DANIEL II  
Address: 1805 SOUTHEAST 16TH AVE. SUITE 901  
City-St-Zip: OCALA, FL 34471

Title: VSTD ( ) Delete  
Name: FOX, DANIEL  
Address: 1805 SOUTHEAST 16TH AVE. SUITE 901  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: BROWN, NEIL  
Address: 1805 SOUTHEAST 16TH AVE SUITE 901  
City-St-Zip: OCALA, FL 34471

**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:

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: DANIEL FOX II

PD

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date