

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006737

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** HIMES OFFICE PARK OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5425 W CRENSHAW ST  
TAMPA, FL 33634

**New Principal Place of Business:**

8626 N. HIMES AVENUE  
TAMPA, FL 33614

**Current Mailing Address:**

5425 W CRENSHAW ST  
TAMPA, FL 33634

**New Mailing Address:**

8626 N. HIMES AVENUE  
TAMPA, FL 33614

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DOCOBO, ALBERT N  
5425 W CRENSHAW ST  
TAMPA, FL 33634 US

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

STAHL, BRIGGS P  
8626 N. HIMES AVENUE  
TAMPA, FL 33614 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: BRIGGS P STAHL

02/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: STAHL, BRIGGS P  
Address: 8626 N HIMES AVE  
City-St-Zip: TAMPA, FL 33614 US

Title: DVP  
Name: STAHL, KARLA B  
Address: 8626 N. HIMES AVENUE  
City-St-Zip: TAMPA, FL 33614 US

Title: DVP  
Name: JOHNSON, GARY J  
Address: PO BOX 271508  
City-St-Zip: TAMPA, FL 33688 US

I hereby 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 all other like empowered.

SIGNATURE: BRIGGS P STAHL

DVP

02/07/2011

Electronic Signature of Signing Officer or Director

Date