

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90228 032 ****61.25

DOCUMENT # N05000007774					
1. Entity Name INTERSTATE OFFICE PARK OWNER'S ASSOCIATION, INC.					
Principal Place of Business 7545 W UNIVERSITY AVE SUITE B GAINESVILLE, FL 32607			Mailing Address 7545 W UNIVERSITY AVE SUITE B GAINESVILLE, FL 32607		
2. Principal Place of Business - No P.O. Box # 5522 NW 43 ST.		3. Mailing Address 5522 NW 43 ST.			
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B			
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL		4. FEI Number 54-2191282	
Zip 32653		Country US		Zip 32653	
Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SALTER, JAMES D 3940 NW 16TH BLVD BLDG B GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name: Debbie Houdershell Street Address (P.O. Box Number is Not Acceptable): 7545 W UNIVERSITY AVE SUITE B 5522 - B NW 43 Street City: Gainesville FL Zip Code: 32653		
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: <i>[Signature]</i> <i>Debbie S Houdershell</i> DATE: 4-23-07 <small>Signature, typed or printed name of registered agent and U.C. if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 JOYNER, MILLARD K 7545 W UNIVERSITY AVE SUITE B GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Tim Miller 4927 SW 41 Blvd #50 Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST WAGNER, RICHARD 7545 W UNIVERSITY AVE SUITE B GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Brent Gamble 4949 SW 41 Blvd #60 Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAST SALTER, JAMES D 7545 W UNIVERSITY AVE SUITE B GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Tom Donaldson 5548 SW 37 Dr. Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" 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: <i>Tim Miller</i> <i>Tim Miller</i> DATE: 4-23-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					