2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N05000007774

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

Current Principal Place of Business:

5522 NE 43 ST
B
GAINESVILLE, FL 32653

New Principal Place of Business:

5522 NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653

Current Mailing Address:

5522 NE 43 ST
B
GAINESVILLE, FL 32653

New Mailing Address:

5522 NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653

FEI Number: 54-2191282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUDERSHELT, BOBBY
C/O BOSSHARDT PROPERTY MGMT., INC
5522-B NW44 43 ST
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

HOUDERSHELT, BOBBY
5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653 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: _____ 04/27/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILLER, TIM
Address: 4927 SW 41 BLVD #50
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete
Name: ADAMS, CISIMIR
Address: 4949 SW 41 BLVD #80
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete
Name: DONALDSON, TOM
Address: 5548 SW 37 DR
City-St-Zip: GAINESVILLE, FL 32608

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: TIM MILLER PRES 04/27/2009
Electronic Signature of Signing Officer or Director — Date