

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 24, 2009
Secretary of State

DOCUMENT# N05000007774

Entity Name: INTERSTATE OFFICE PARK OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**5522 NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653**New Principal Place of Business:****Current Mailing Address:**5522 NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653**New Mailing Address:****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
5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653 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: MILLER, TIM
Address: 4927 SW 41 BLVD #50
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: ADAMS, CASIMIR
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: PD (X) Change () Addition
Name: ADAMS, CASIMIR
Address: 4949 SW 41 BLVD #80
City-St-Zip: GAINESVILLE, FL 32608

Title: SD (X) Change () Addition
Name: HAAS, BOB
Address: 4720 SW 103RD WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: DT (X) Change () Addition
Name: SHAW, GERRY
Address: 6401 SW 111 AVENUE
City-St-Zip: GAINESVILLE, FL 32608

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: CASIMIR ADAMS

DP

08/24/2009

Electronic Signature of Signing Officer or Director

Date