2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# N05000008909

Entity Name: THE MAHAN PROFESSIONAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1334 TIMBERLANE ROAD
SUITE 6
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

PO BOX 12368
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-5020092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEENA, CHRIS M
1334 TIMBERLANE ROAD
SUITE 6
TALLAHASSEE, FL 32312 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: P
Name: BALDOCK, WILLIAM DR
Address: 2621 MITCHAM DRIVE SUITE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP
Name: HILAMAN, LINDA
Address: 1614 MAHAN CENTER BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: T
Name: DAMPIER, DAVID
Address: 1618 MAHAN CENTER BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S
Name: DAMPIER, DAVID
Address: 1618 MAHAN CENTER BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: SCHAPER, BRIAN
Address: 2617 MITCHAM DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: DR. WILLIAM BALDOCK P 05/01/2012

Electronic Signature of Signing Officer or Director — Date