FILED
Jan 23, 2008 8:00 am
Secretary of State
01-23-2008 90005 032 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011534

1. Entity Name
BILL FRANCE BOULEVARD BUSINESS PARK OWNERS' ASSOCIATION INC.

Principal Place of Business	Mailing Address
1530 CORNERSTONE BLVD STE 100 DAYTOPNA BEACH, FL 32117	P.O. BOX 10809 DAYTONA BEACH, FL 32120-0809

01152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
116 NW 16TH AVENUE Suite, Apt. #, etc.	P.O. Box 5369 Suite, Apt. #, etc.
City & State: GAINESVILLE FL	City & State: GAINESVILLE FL
Zip: 32601 Country: USA	Zip: 32627 Country: USA

4. FEI Number 04-3834252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
APGAR, ROBERT F 1530 CORNERSTONE BLVD STE 100 DAYTOPNA BEACH, FL 32117	Name: RON FREDERICK Street Address (P.O. Box Number is Not Acceptable): 25 GOLDEN OAK LANE City: ORMOND BEACH FL Zip Code: 32176

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 GARN, TED H 1530 CORNERSTONE BLVD - STE 100 DAYTOPNA BEACH, FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AND PRESIDENT RON FREDERICK 25 GOLDEN OAK LANE ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MOOTHART, GARY 1530 CORNERSTONE BLVD - STE 100 DAYTOPNA BEACH, FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AND VICE PRESIDENT BUDDY BUDIANSKY 25 GOLDEN OAK LANE ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CRISP, LINDA 1530 CORNERSTONE BLVD - STE 100 DAYTOPNA BEACH, FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DALE GODSHALL 116 NW 16TH AVE GAINESVILLE FL 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER RANDY JOHNSON 116 NW 16TH AVE GAINESVILLE FL 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] President 1-21-2008 386 334 8957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #