2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001387

FILED Jan 15, 2008 Secretary of State

Entity Name: BRIERWOOD OFFICE PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11977 OLDFIELD PT DR 1325 HENDRICKS AVENUE JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

11977 OLDFIELD PT DR P. O. BOX 47715

JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32247

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRABTREE, R.R. MCCORVEY, MIKE E 8777 SAN JOSE BLVD BLD A STE 200 1325 HENDRICKS AVENUE

JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32207 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: MIKE E. MCCORVEY 01/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 DP
 (X) Change () Addition

 Name:
 WELLS, C.R.
 Name:
 MCCORVEY, MIKE E

 Address:
 11977 OLDFIELD PT DR
 Address:
 1325 HENDRICKS AVENUE

Address: 11977 OLDFIELD PT DR Address: 1325 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete Title: DVPS (X) Change () Addition Name: SMITH, MARY Z Name: MORGAN, MONICA L

Address: 11977 OLDFIELD PT DR Address: 1325 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete Title: D (X) Change () Addition

Name:CRABTREE, R.R.Name:PERRY, T. KEITHAddress:8777 SAN JOSE BLVDAddress:1325 HENDRICKS AVENUECity-St-Zip:JACKSONVILLE, FL 32217City-St-Zip:JACKSONVILLE, FL 32207

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: MIKE E. MCCORVEY DP 01/15/2008