2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
03-21-2007 90043 013 ****61.25

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DOCUMENT # N06000003496

1. Entity Name

GATE PARKWAY WEST PROFESSIONAL CENTER OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2215 RIVER BLVD JACKSONVILLE FL 32204	2215 RIVER BLVD JACKSONVILLE FL 32204

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number	
9000 Cypress Green	9000 Cypress Green	03-0613807	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc Dr., #107-B	Suite, Apt. #, etc Dr., #107-B	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State Jacksonville, FL	City & State Jacksonville, FL		
Zip / Country 32256 Duval	Zip / Country 32256 Duval		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEAS, WILLIAM J ESQ 2215 RIVER BLVD JACKSONVILLE FL 32204	Name: John Starling Street Address (P.O. Box Number is Not Acceptable): 9000 Cypress Green Dr #107-B City: Jacksonville FL Zip Code: 32256

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: John T. Starling 3/8/07
(Name of person typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	PD SHARPE, ROBERT S 2215 RIVER BLVD JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition Sharp, Robert S. #107B 9000 Cypress Green Dr Jax., FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STARLING, JOHN T 2215 RIVER BLVD JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 9000 Cypress Green Dr. #107 B Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SKIGEN, ANDREW L 2215 RIVER BLVD JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 9000 Cypress Green Dr. #107- B Jacksonville, FL 32256
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
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 Section 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: John T. Starling 3/8/07 John T. Starling 904-731-3833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #