2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90120 005 ****61.25

DOCUMENT # N06000003496

1. Entity Name

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

Principal Place of Business	Mailing Address
9000 CYPRESS GREEN DR SUITE 107B JACKSONVILLE FL 32256	9000 CYPRESS GREEN DR SUITE 107B JACKSONVILLE FL 32256

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0613807 ☐ 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
STARLING, JOHN 9000 CYPRESS GREEN DR SUITE 107B JACKSONVILLE FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, 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, 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	PD SHARP, ROBERT S 9000 CYPRESS GREEN DR SUITE 107B JACKSONVILLE FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Henry G. Breitmoser 8075 Gate Parkway West Jacksonville, FL 32216 #303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STARLING, JOHN T 9000 CYPRESS GREEN DR SUITE 107B JACKSONVILLE FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Jeff Jenkins 8075 Gate Parkway West Jacksonville, FL 32216 #201	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SKIGEN, ANDREW L 9000 CYPRESS GREEN DR SUITE 107B JACKSONVILLE FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Vicki Giorgetti 8075 Gate Parkway West Jacksonville, FL 32216 #302	☑ 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
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: Henry G Breitmoser 16 April 08 904-296-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #