

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005506

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** DOBBS ROAD OFFICE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

101 MARSHALL CIRCLE  
ST.AUGUSTINE, FL 320865203

**New Principal Place of Business:**

**Current Mailing Address:**

101 MARSHALL CIRCLE  
ST.AUGUSTINE, FL 320865203

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DDAVENPORT, GARY B  
5203 JOHN ANDERSON HIGHWAY  
FLAGLER BEACH, FL 32136 US

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

DAVENPORT, GARY B  
5203 JOHN ANDERSON HIGHWAY  
FLAGLER BEACH, FL 32136 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: GARY DAVENPORT

07/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARSHALL, ROBERT  
Address: 101 MARSHALL CIRCLE  
City-St-Zip: ST.AUGUSTINE, FL 320865203

Title: STV ( ) Delete  
Name: GODMAN, VICTORIA  
Address: 101 MARSHALL CIRCLE  
City-St-Zip: ST.AUGUSTINE, FL 320865203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT MARSHALL

PD

07/05/2007

Electronic Signature of Signing Officer or Director

Date