

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000007163**

1. Entity Name  
DUNN AVENUE WEST OFFICE PARK OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
12058 SAN JOSE BLVD SUITE 804  
JACKSONVILLE, FL 32223

Mailing Address  
12058 SAN JOSE BLVD SUITE 804  
JACKSONVILLE, FL 32223



03262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-8581654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRABTREE, R.R.  
8777 SAN JOSE BLVD BLDG A SUITE 200  
JACKSONVILLE, FL 32217

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BRANIFF, MICHAEL  
STREET ADDRESS 12058 SAN JOSE BLVD SUITE 804  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE D  
NAME COLANERO, PATRICIA  
STREET ADDRESS 12058 SAN JOSE BLVD SUITE 804  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE D  
NAME CRABTREE, R.R.  
STREET ADDRESS 8777 SAN JOSE BLVD SUITE 200  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000930098  
05/21/08-80094-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael Braniff*  
4/23/08

904-260-9209