



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90057 010 \*\*\*\*61.25

<b>DOCUMENT # N06000009313</b>					
<b>1. Entity Name</b> ARGYLE BUSINESS CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 11721 HAMRICK PLACE JACKSONVILLE, FL 32223			<b>Mailing Address</b> C/O PROPERTY SERVICES, INC. 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE, FL 32256		
<b>2. Principal Place of Business - No P.O. Box #</b> 8641 Baypine Rd		<b>3. Mailing Address</b> Suite, Apt. #, etc. Suite 1			
<b>City &amp; State</b> Jacksonville FL		<b>City &amp; State</b>		01142008    Chg-NP    CR2E037 (12/06)	
<b>Zip</b> - 32256		<b>Country</b> USA		<b>4. FEI Number</b> 20-1992733	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> PROPERTY SERVICES, INC. 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> MILLER, DWAYNE 1893 SALT MYRTLE LANE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> MILLER, DAVID 144 INDUSTRIAL LOOP SOUTH ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> Miller, David 8725 Youngerman Ct. #101 Jacksonville, FL 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> SEARS, CHRIS 20 BLANDING BLVD ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> Jewett, Tom 246 Eventide Dr. Orange Park, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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 reports 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
3/20/08    904-731-9500 <small>Date    Daytime Phone #</small>					