

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009316

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** EASTPARK BUSINESS CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

3653 REGENT BOULEVARD  
#204  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

3653 REGENT BOULEVARD  
JACKSONVILLE, FL 32224

## Current Mailing Address:

8641 BAYPINE ROAD  
SUITE 1  
JACKSONVILLE, FL 32256

## New Mailing Address:

7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256

FEI Number: 20-1497508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROPERTY SERVICES, INC.  
8641 BAYPINE ROAD  
SUITE 1  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.  
7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256 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: SHERRILL SCHAFER

03/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZIEVIS, JOHN  
Address: 1898 SEA OATS DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S ( ) Delete  
Name: RISK, FRANK  
Address: 3653 REGENT BLVD., #509  
City-St-Zip: JACKSONVILLE, FL 32224

Title: T ( ) Delete  
Name: SEMERENE, BERNARD  
Address: 11512 ASHLEY MANOR WAY  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ZIEVIS, JOHN  
Address: 1898 SEA OATS DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SEC (X) Change ( ) Addition  
Name: RISK, FRANK  
Address: 3653 REGENT BLVD., #509  
City-St-Zip: JACKSONVILLE, FL 32224

Title: TREA (X) Change ( ) Addition  
Name: SEMERENE, BERNARD  
Address: 11512 ASHLEY MANOR WAY  
City-St-Zip: JACKSONVILLE, FL 32225

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: SHERRILL SCHAFER

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date