

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009789

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** THE SILO BUSINESS CENTER CONDOMINIUM OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

3740 ST. JOHN'S BLUFF ROAD  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

2219-2223 CR 220, 1633-1635 FARM WAY  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

3740 ST. JOHN'S BLUFF ROAD  
JACKSONVILLE, FL 32224

**New Mailing Address:**

SILO BUSINESS CENTER COA, INC.  
118 W. ADAMS STREET, SUITE 1000  
JACKSONVILLE, FL 32224

FEI Number: 20-5561732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS CONDOS USA  
3740 ST JOHNS BLUFF RD S #16  
JACKSONVILLE, FL 32224 US

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

MULLINS, ALOMA A  
118 W. ADAMS STREET  
JACKSONVILLE, FL 32202 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: ALOMA A. MULLINS

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WAREHOUSE CONDO VENTURES I, LLC  
Address: 3740 ST. JOHN'S BLUFF ROAD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: PRICE, ARLETTE R  
Address: 2219 COUNTY ROAD 220, UNIT 317  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP ( ) Change (X) Addition  
Name: BAUSTERT, KATHERINE  
Address: 2219 CR 220, UNIT 301  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: S ( ) Change (X) Addition  
Name: SANTOS, YOLANDA  
Address: 1633 FARM WAY, UNIT 503  
City-St-Zip: MIDDLEBURG, FL 32068 US

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: ARLETTE R. PRICE

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date