


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90025 002 ****61.25

DOCUMENT # N06000012183									
1. Entity Name PALM VALLEY INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.									
Principal Place of Business 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224			Mailing Address 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 65-1296833 <table border="1"> <tr> <td>Applied For</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not Applicable</td> <td><input type="checkbox"/></td> </tr> </table>		Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Applied For	<input type="checkbox"/>								
Not Applicable	<input type="checkbox"/>								
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
O'STEEN, RICHARD 4314 PABLO OAKS CT. JACKSONVILLE, FL 32224			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
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 _____									
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees					
		Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	BARBOUR, GREG		NAME						
STREET ADDRESS	4310 PABLO OAKS CT.		STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP						
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	O'STEEN, RICHARD		NAME						
STREET ADDRESS	4310 PABLO OAKS CT.		STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP						
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	PILINKO, CHRIS		NAME						
STREET ADDRESS	4310 PABLO OAKS CT.		STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
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: _____			1-28-08		904-992-9750				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #				

40014300



01282008 Chg-NP CR2E037 (12/06)