

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012183

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: PALM VALLEY INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4310 PABLO OAKS CT.  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

4314 PABLO OAKS CT.  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4310 PABLO OAKS CT.  
JACKSONVILLE, FL 32224

**New Mailing Address:**

4314 PABLO OAKS CT.  
JACKSONVILLE, FL 32224

FEI Number: 65-1296833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'STEEN, RICHARD  
4314 PABLO OAKS CT.  
JACKSONVILLE, FL 32224 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARBOUR, GREG  
Address: 4310 PABLO OAKS CT.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Delete  
Name: O'STEEN, RICHARD  
Address: 4310 PABLO OAKS CT.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD ( ) Delete  
Name: PILINKO, CHRIS  
Address: 4310 PABLO OAKS CT.  
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: PD (X) Change ( ) Addition  
Name: BARBOUR, GREGORY J  
Address: 4314 PABLO OAKS CT.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD (X) Change ( ) Addition  
Name: O'STEEN, RICHARD H  
Address: 4314 PABLO OAKS CT.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD (X) Change ( ) Addition  
Name: PILINKO, CHRISTOPHER L  
Address: 4314 PABLO OAKS CT.  
City-St-Zip: JACKSONVILLE, FL 32224

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: BARBOUR, GREGORY J

P

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date