2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002467

FILED Apr 01, 2008 Secretary of State

Entity Name: 140 GATEWAY CIRCLE OFFICES OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11512 LAKE MEAD AVE SUITE 303 9191 RG SKINNER PARKWAY SUITE 303 JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

11512 LAKE MEAD AVE SUITE 303 9191 RG SKINNER PARKWAY SUITE 303

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

FEI Number: 20-8588825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAW OFFICES OF C. GUY BOND, P.A. 11512 LAKE MEAD AVE SUITE 303 JACKSONVILLE, FL 32256

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

PATTERSON, GUY R PATTERSON, GUY R Name: Name:

11512 LAKE MEAD AVE SUITE 303 Address: 9191 RG SKINNER PARKWAY SUITE 303 Address:

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: VSD () Delete Title: (X) Change () Addition

WEDEL, TIMOTHY G Name: WEDEL, TIMOTHY G Name:

Address: 11512 LAKE MEAD AVE SUITE 303 Address: 11512 LAKE MEAD AVE SUITE 304 City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete Title: () Change () Addition

POLLACK, STEVE Name: Name: 140 GATEWAY CIRCLE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip:

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: GUY R PATTERSON PTD 04/01/2008