

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009092

FILED
Apr 16, 2009
Secretary of State

Entity Name: SAINTS CROSSING BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2804 ST. JOHNS BLUFF ROAD SOUTH, STE 200
JACKSONVILLE, FL 32246

New Principal Place of Business:

2804 ST. JOHNS BLUFF ROAD SOUTH
200
JACKSONVILLE, FL 32246

Current Mailing Address:

2804 ST. JOHNS BLUFF ROAD SOUTH, STE 200
JACKSONVILLE, FL 32246

New Mailing Address:

2804 ST. JOHNS BLUFF ROAD SOUTH
200
JACKSONVILLE, FL 32246

FEI Number: 06-1827012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, BERT C
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE, FL 32207 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: DP () Delete
Name: MANSOURI, SAFA M
Address: 2804 ST. JOHNS BLUFF ROAD SOUTH, STE 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: DVP () Delete
Name: ERICKSON, FRANK
Address: 2804 ST. JOHNS BLUFF ROAD SOUTH, STE 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: STD () Delete
Name: HOWELL, TRACI
Address: 2804 ST. JOHNS BLUFF ROAD SOUTH, STE 200
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: DONNA, HERRON
Address: 2804 ST. JOHNS BLUFF ROAD SOUTH, STE 200
City-St-Zip: JACKSONVILLE, FL 32246

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: SAFA MANSOURI

DP

04/16/2009

Electronic Signature of Signing Officer or Director

Date