2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009255

FILED Apr 16, 2010 Secretary of State

Entity Name: CEDAR GROVE COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC.

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

245 RIVERSIDE AVE, SUITE 500 245 RIVERSIDE AVENUE JACKSONVILLE, FL 32207

SUITE 500

JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

245 RIVERSIDE AVE, SUITE 500 245 RIVERSIDE AVE, SUITE 500 JACKSONVILLE, FL 32207 ATTN: LEGAL DEPT.

JACKSONVILLE, FL 32202

FEI Number: 26-1177077 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:

MARX, CHRISTINE M THE ST. JOE COMPANY 245 RIVERSIDE AVE, SUITE 500 245 RIVERSIDE AVENUE

JACKSONVILLE, FL 32207 SUITE 500 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: REECE B. ALFORD, AS ITS SECRETARY 04/16/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

D-P

CHANEY, SHARI Name:

245 RIVERSIDE AVE, STE 500 Address: City-St-Zip: JACKSONVILLE, FL 32202

Title:

Name: GIBBONS, SABRINA

Address: 133 S. WATERSOUND PARKWAY City-St-Zip: WATERSOUND, FL 32413

Title: D-S

POTTER, STEPHEN Name:

133 S. WATERSOUND PARKWAY Address: City-St-Zip: WATERSOUND, FL 32413

Title:

Name: JONES, PHILIP B

245 RIVERSIDE AVE., STE 500 Address: City-St-Zip: JACKSONVILLE, FL 32202

Title:

Name: CONNOLLY, JANNA

245 RIVERSIDE AVE., STE 500 Address: JACKSONVILLE, FL 32202 City-St-Zip:

Title:

CHILDERS, DAVID F III Name: Address: 245 RIVERSIDE AVE., STE 500 JACKSONVILLE, FL 32202 City-St-Zip:

I hereby 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 all other like empowered.

D-P SIGNATURE: SHARI CHANEY 04/16/2010