2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N07510

Entity Name: PARK AVENUE OFFICE ASSOCIATION, INC.

Current Principal Place of Business:

915 N.W. 56TH TERRACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

915 N.W. 56TH TERRACE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-3012010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERENS, THOMAS
915 N.W. 56TH TERRACE
GAINESVILLE, FL 32605 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:	D	( ) Delete
Name:	CHILDERS, RICHARD	
Address:	928 NW 57TH ST	
City-St-Zip:	GAINESVILLE, FL 326054482	
Title:	TD	( ) Delete
Name:	ELLETT, ED	
Address:	905 NW 56TH TERR.	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	PD	( ) Delete
Name:	BERENS, THOMAS	
Address:	915 NW 56TH TERR.	
City-St-Zip:	GAINESVILLE, FL	
Title:	SD	(X) Delete
Name:	HERRINGTON, JAY,	
Address:	912 N.W. 56TH TERR.	
City-St-Zip:	GAINESVILLE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: THOMAS A. BERENS PD 01/13/2009

Electronic Signature of Signing Officer or Director — Date