

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007919

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** FORTY-FIVE EGLIN PROFESSIONAL CENTRE CONDOMINIUM OFFICE BUILDING ASSOCIATION, INC.

**Current Principal Place of Business:**

45 EGLIN PARKWAY  
SUITE 301  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

45 EGLIN PARKWAY  
SUITE 301  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

**FEI Number:** 27-0805472      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BARKER, GENE G MR.  
45 EGLIN PARKWAY  
SUITE 301  
FORT WALTON BEACH, FL 32548 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:** PRES  
**Name:** BARKER, GENE G  
**Address:** 45 EGLIN PARKWAY SUITE 301  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

**Title:** VP  
**Name:** WALDORFF, LLOYD D  
**Address:** 45 EGLIN PARKWAY  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

**Title:** SEC  
**Name:** JAY, J. STEVE  
**Address:** 36474 C EMERALD COAST PARKWAY, SUITE 3301  
**City-St-Zip:** DESTIN, FL 32541 US

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.

SIGNATURE: GENE G BARKER

PRES

01/06/2011

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

\_\_\_\_\_ Date