2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# N10166

Entity Name: AIRPORT CORPORATE CENTER PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1800 PENN ST
STE 3
MELBOURNE, FL 32901

New Principal Place of Business:

1800 PENN ST
STE 11
MELBOURNE, FL 32901

Current Mailing Address:

1800 PENN ST
STE 3
MELBOURNE, FL 32901

New Mailing Address:

1800 PENN ST
STE 11
MELBOURNE, FL 32901

FEI Number: 23-2430755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEARCE, KAREN L
1800 PENN ST STE 3
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

PEARCE, KAREN L
1800 PENN ST STE 11
MELBOURNE, FL 32901 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: _____ 04/22/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: POTTER, WILLIAM C.,
Address: 700 S. BABCOCK ST. #400
City-St-Zip: MELBOURNE, FL

Title: STD ( ) Delete
Name: TOMLINSON, PATRICK,
Address: 112 CHESLEY DR- STE 200
City-St-Zip: MEDIA, PA 19063

Title: PD ( ) Delete
Name: CONDON, JOHN
Address: 112 CHESLEY DR. STE 200
City-St-Zip: MEDIA, PA 19063

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN CONDON PD 04/22/2005
Electronic Signature of Signing Officer or Director — Date