

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90047 018 \*\*\*\*61.25

**DOCUMENT # N14009**

1. Entity Name  
DOGWOOD TOWNE OFFICES OFFICE-OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
8800 UNIVERSITY PKY., STE. C-2  
% JAMES R. HOLMES  
PENSACOLA, FL 32514

Mailing Address  
8800 UNIVERSITY PKY., STE. C-2  
% JAMES R. HOLMES  
PENSACOLA, FL 32514

94026633



02212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2910908

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOLMES, JAMES R.  
8800 UNIVERSITY PKY., STE. C-2  
PENSACOLA, FL 32514

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE SD  
NAME HOLMES, JAMES R DR  
STREET ADDRESS 8800 UNIVERSITY PKWY A4  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D  
NAME NASH, DANIEL T.  
STREET ADDRESS 12830 ORANGEBURG AVE.  
CITY-ST-ZIP SAN DIEGO, CA

TITLE P  
NAME CRITTENDEN, JAY DR  
STREET ADDRESS 8800 UNIVERSITY PKWY A-4  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D  
NAME LAZAR, RUTH  
STREET ADDRESS 8641 MEADOW BROOK DRIVE  
CITY-ST-ZIP PENSACOLA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James R. Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

Date

Daytime Phone #