

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90107 003 \*\*\*\*61.25

<b>DOCUMENT # N14009</b> 1. Entity Name <b>DOGWOOD TOWNE OFFICES OFFICE-OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8800 UNIVERSITY PKY., STE. C-2 % JAMES R. HOLMES PENSACOLA FL 32514</b>			Mailing Address <b>8800 UNIVERSITY PKY., STE. C-2 % JAMES R. HOLMES PENSACOLA FL 32514</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2910908</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HOLMES, JAMES R. 8800 UNIVERSITY PKY., STE. C-2 PENSACOLA FL 32514</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLMES, JAMES R DR</b>		NAME		
STREET ADDRESS	<b>8800 UNIVERSITY PKWY A4</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PENSACOLA FL 32514</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NASH, DANIEL T.</b>		NAME		
STREET ADDRESS	<b>12830 ORANGEBURG AVE.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>SAN DIEGO CA</b>		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CRITTENDEN, JAY DR</b>		NAME		
STREET ADDRESS	<b>8800 UNIVERSITY PKWY A-4</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PENSACOLA FL 32514</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAGHR, RUTH</b>		NAME	<b>LAGHR</b>	
STREET ADDRESS	<b>8641 MEADOW BROOK DRIVE</b>		STREET ADDRESS	<i>Carroll gully</i>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>James R. Holmes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-5-95 850-478-1166 Date Daytime Phone #		