

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90291 027 ****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**

00060620



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D
NAME LAGHR, RUTH L ☐ Delete
STREET ADDRESS 8641 MEADOW BROOK DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME LAEHR, RUTH L. (spelling correction)
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1-19-06

850-458-1166

Date

Daytime Phone #