

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14009

FILED  
Sep 12, 2011  
Secretary of State

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

**Current Principal Place of Business:**

8800 UNIVERSITY PKY., STE.  
% JAMES R. HOLMES  
PENSACOLA, FL 32514

**New Principal Place of Business:**

8800 UNIVERSITY PKY.  
% JAMES R. HOLMES  
PENSACOLA, FL 32514

**Current Mailing Address:**

3501 HWY 196  
% JAMES R. HOLMES  
MOLINO, FL 32577

**New Mailing Address:**

**FEI Number:** 59-2910908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOLMES, JAMES R  
3501 HWY 196  
MOLINO, FL 32577 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: SD  
Name: HOLMES, JAMES R DR  
Address: 3501 HWY 196  
City-St-Zip: MOLINO, FL 32577

Title: D  
Name: NASH, DANIEL T.  
Address: 12830 ORANGEBURG AVE.  
City-St-Zip: SAN DIEGO, CA

Title: P  
Name: CRITTENDEN, JAY DR  
Address: 8800 UNIVERSITY PKWY A-4  
City-St-Zip: PENSACOLA, FL 32514

Title: D  
Name: LAEHR, RUTH L  
Address: 8641 MEADOW BROOK DRIVE  
City-St-Zip: PENSACOLA, FL

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: JAMES R. HOLMES

SD

09/12/2011

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

\_\_\_\_\_  
Date