

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2009
Secretary of State**

DOCUMENT# N18415

Entity Name: FOXRIDGE PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

786 BLANDING BLVD
STE 118
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

786 BLANDING BLVD
STE 118
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-2870388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERRY, ALAN
786 BLANDING BLVD, STE 118
ORANGE PARK, FL 32065 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: PD () Delete
Name: ABSHIRE, KYLE E
Address: 960 PLAINFIELD AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: VD () Delete
Name: DRAWDY, SCOTT
Address: 2937 DOCTORS LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: DAUTEL, JAMES
Address: 1893 STATE RD. 220
City-St-Zip: ORANGE PARK, FL

Title: TD () Delete
Name: PERRY, ALAN
Address: 786 BLANDING BLVD, STE 118
City-St-Zip: ORANGE PARK, FL 32065

Title: SD () Delete
Name: HOFFMAN, JAMES
Address: 2600 BELL SHORE COURT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ABSHIRE, KYLE E
Address: 960 PLAINFIELD AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: PD (X) Change () Addition
Name: DRAWDY, SCOTT
Address: 2937 DOCTORS LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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 exemption stated in Chapter 119, 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: ALAN PERRY

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date