

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36670

FILED
Mar 10, 2009
Secretary of State

Entity Name: BLANDING PROFESSIONAL OFFICE CENTER ASSOCIATION,INC.

Current Principal Place of Business:

1717 BLANDING BOULEVARD
SUITE 101
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4749 MARTINIQUE COURT
AMELIA ISLAND, FL 32034 US

New Mailing Address:

FEI Number: 59-2982293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIFTER, JOHN J
4749 MARTINIQUE COURT
AMELIA ISLAND, FL 32034 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: DPT () Delete
Name: STIFTER, JOHN J
Address: 4749 MARTINIQUE COURT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DV () Delete
Name: BARRY, JOHN
Address: 1719 BLANDING BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS () Delete
Name: HOOTEN, EARL B
Address: 1725 BLANDING BOULEVARD SUITE 2
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN J STIFTER

DPT

03/10/2009

Electronic Signature of Signing Officer or Director

Date