

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90040 041 ****61.25

DOCUMENT # N41942

1. Entity Name
CENTER POINT BUSINESS PARK ASSOCIATION, INC.



Principal Place of Business
**4190 BELFORT RD
SUITE 160
JACKSONVILLE, FL 32216 US**

Mailing Address
**500 CHESTERFIELD PARKWAY
MALVERN, PA 19355 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3597101

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD ☐ Delete
NAME HEISE, MICHAEL
STREET ADDRESS 4190 BELFORT ROAD SUITE 160
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VPTD ☐ Delete
NAME DUNN, STEVE
STREET ADDRESS 4190 BELFORT ROAD SUITE 160
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE SD ☒ Delete
NAME MCCLELLAND, JODIE
STREET ADDRESS 4190 BELFORT RD STE 160
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 4901 Belfort Road Suite 110
CITY-ST-ZIP 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4901 Belfort Road Suite 110
CITY-ST-ZIP 32256

TITLE ☐ Change ☒ Addition
NAME SD Santinga, Dan
STREET ADDRESS 4901 Belfort Rd. Ste 110
CITY-ST-ZIP Jacksonville, FL 32256

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

H. Michael Heise

H. MICHAEL HEISE

3/27/07

904-296-1726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #