

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51359

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** AUDUBON OFFICE PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

240 N. LECANTO HWY.  
LECANTO, FL 32661

**New Principal Place of Business:**

**Current Mailing Address:**

240 N. LECANTO HWY.  
LECANTO, FL 32661

**New Mailing Address:**

**FEI Number:** 59-3150044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROWDA, JOHN  
240 N. LECANTO HWY.  
LECANTO, FL 32661 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: D ( ) Delete  
Name: ROWDA, JOHN,  
Address: 240 N. LECANTO HWY.  
City-St-Zip: LECANTO, FL 34450 US

Title: D ( ) Delete  
Name: ROWDA, CAROL,  
Address: 240 N. LECANTO HWY.  
City-St-Zip: LECANTO, FL

Title: D ( ) Delete  
Name: STILLWELL, CLARK  
Address: 320 HWY 415  
City-St-Zip: INVERNESS, FL 34450

**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 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 ROWDA

DR

04/12/2006

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

\_\_\_\_\_  
Date