

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51359

FILED
Apr 19, 2009
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:

240 N. LECANTO HWY.
LECANTO, FL 34461

Current Mailing Address:

240 N. LECANTO HWY.
LECANTO, FL 32661

New Mailing Address:

240 N. LECANTO HWY.
LECANTO, FL 34461 91

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:

ROWDA, JOHN
240 N. LECANTO HWY.
LECANTO, FL 34461 US

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: JOHN ROWDA

04/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: ROWDA, JOHN W D.O.
Address: 240 N. LECANTO HWY.
City-St-Zip: LECANTO, FL 34461 US

Title: D () Delete
Name: ROWDA, CAROL A
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: DR (X) Change () Addition
Name: ROWDA, JOHN W D.O.
Address: 240 N. LECANTO HWY.
City-St-Zip: LECANTO, FL 34461 US

Title: D (X) Change () Addition
Name: ROWDA, CAROL A
Address: 240 N. LECANTO HWY.
City-St-Zip: LECANTO, FL 34461

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 ROWDA

DR

04/19/2009

Electronic Signature of Signing Officer or Director

Date