

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001625

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ST. AUGUSTINE INDUSTRIAL PARK ASSOCIATION, INC.

## Current Principal Place of Business:

C/O ST. AUGUSTINE INDUSTRIAL PARK ASSO.  
10151 DEERWOOD PARK BLVD, BLDG 100 STE 330  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

C/O ST. AUGUSTINE INDUSTRIAL PARK ASSO.  
10151 DEERWOOD PARK BLVD, BLDG 100 STE 330  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 59-3259474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDWARDS, JOSH  
10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 330  
JACKSONVILLE, FL 32256 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: DP ( ) Delete  
Name: EDWARDS, JOSH  
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP ( ) Delete  
Name: TINNEMAN, WILLIAM R  
Address: 5 WILLARD DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DT ( ) Delete  
Name: OLSON, CRAIG  
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete  
Name: TARANTIN, THOMAS A  
Address: 86 VANDERVEER ROAD  
City-St-Zip: FREEHOLD, NJ 07728

## 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:

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: JOSH EDWARDS

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date