

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90055 014 ****61.25

DOCUMENT # N96000002079 1. Entity Name PECAN PARK OFFICE OWNERS ASSN., INC.			
Principal Place of Business 806B NW 16TH AVENUE GAINESVILLE, FL 32601		Mailing Address POST OFFICE BOX 13893 GAINESVILLE, FL 32604	
2. Principal place of business 5522-B NW 43rd Street city & state Gainesville, FL Zip 32653 County Alachua		3. Mailing Address 5522-B NW 43rd Street city & state Gainesville, FL Zip 32653 County Alachua	
		02102005 Chg-NP CR2E037 (10/03)	
4. FEI Number 83-0378994		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAPLAN, ANDREW P 1219 NW 35TH AVENUE GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Richard A. Tenaglia c/o Bosshardt Property Mgt. 5522-B NW 43rd Street Gainesville, FL 32653	
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 2/10/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KAPLAN, ANDREW P 1219 NW 35TH AVENUE GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joe Freck P.O. Box 357688 Gainesville, FL 32653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPLAN, CHERYL 1219 NW 35TH AVENUE GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Terry Rawson 808-A NW 16th Ave Gainesville, FL 32601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CARL L 4421 NW 39TH AVE, BLDG #1, STE 2 GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cheryl Kaplan 1219 NW 35th Avenue Gainesville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		2/10/05 352-375-6607 <small>Date Daytime Phone #</small>	