2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002079

Entity Name: PECAN PARK OFFICE OWNERS ASSN., INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5522 B NW 43RD STREET 5522 NW 43RD STREET SUITE B SUITE B GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 **Current Mailing Address: New Mailing Address:** 5522 B NW 43RD STREET 5522 NW 43RD STREET SUITE B SUITE B GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 FEI Number: 83-0378994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOUDERSHELT, BOBBY C/O BOSSHARDT PROPERTY MGT 5522-B NW 43 STREET GAINESVILLE, FL 32653 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FRECK, JOE FRECK, JOSEPH Name: Name: P.O. BOX 357688 Address: P.O. BOX 357688 Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: GAINESVILLE, FL 32653 Title: () Delete Title: () Change () Addition RAWSON, TERRY Name: Name: Address: 808 A NW 16TH AVE Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: Title: () Delete Title: () Change () Addition CULVER, JONATHON Name: Name: 802-A NW 16 AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KAPLAN, ANDY Name: 1219 NW 35 AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: Title: () Delete Title: (X) Change () Addition DOTY, RICHARD DOTY, RICHARD Name: Name: 2158 NW 5 AVE 2158 NW 5 AVE Address: Address: City-St-Zip: GAINESVILLE, FL 326063 City-St-Zip: GAINESVILLE, FL 32603 Title: () Delete Title: () Change (X) Addition TONEY, AARON Name: Name: Address: Address: 5620 SW 88TH COURT GAINESVILLE, FL 32608 City-St-Zip: 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: JOSEPH FRECK PRES 04/27/2009