

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90042 032 ****61.25

DOCUMENT # N97000001732

1. Entity Name
ALUMNI WAY BUSINESS PARK, INC.



Principal Place of Business
10036 SAWGRASS DR. W STE 1
PONTE VEDRA BEACH, FL 32082

Mailing Address
10036 SAWGRASS DRIVE
STE # 1
PONTE VEDRA BEACH, FL 32082

40032300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3449579

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKS, ANNA M
10036 SAWGRASS DRIVE
STE # 1
PONTE VEDRA BEACH, FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HEDY, EVELYN M
STREET ADDRESS 11246 ALUMNI WAY
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VD ☒ Delete
NAME SOTO, ALEX
STREET ADDRESS 11259 ALUMNI WAY
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE TS ☒ Delete
NAME HEDY, SHAA
STREET ADDRESS 11246 ALUMNI WAY
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PST ☒ Change ☐ Addition
NAME Hedy, Evelyn M
STREET ADDRESS 11246 Alumni Way
CITY-ST-ZIP Jacksonville, FL 32246

TITLE VP ☐ Change ☒ Addition
NAME Terry Smith
STREET ADDRESS 11246 Alumni Way
CITY-ST-ZIP Jacksonville, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Evelyn M. Hedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07
Date

354-2073
Daytime Phone #