

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001732

FILED
Feb 11, 2009
Secretary of State

Entity Name: ALUMNI WAY BUSINESS PARK, INC.

Current Principal Place of Business:

10036 SAWGRASS DR. W STE 1
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

193 ARUBA LANE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

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

New Mailing Address:

PO BOX 2992
PONTE VEDRA BEACH, FL 320042992 US

FEI Number: 59-3449579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENO, WILLIAM H II
193 ARUBA LANE
PONTE VEDRA BEACH, FL 32082 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: PST () Delete
Name: HEDY, EVELYN M
Address: 11246 ALUMNI WAY
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: SMITH, JERRY
Address: 11255 ALUMNI WAY
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: HEDY, EVELYN M
Address: PO BOX 54221
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: VP (X) Change () Addition
Name: OLSZEWSKI, WADE
Address: 5200 BELFORD RD STE 220
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Change (X) Addition
Name: TULLEY, WILLIAM
Address: 11250 ALUMNI WAY
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: D () Change (X) Addition
Name: HEDY, SHAD
Address: PO BOX 54221
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: D () Change (X) Addition
Name: WAKEFIELD, LISA
Address: PO BOX 3996
City-St-Zip: JACKSONVILLE, FL 32206 US

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: WILLIAM H. RENO, II

RA

02/11/2009

Electronic Signature of Signing Officer or Director

Date