

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90133 009 ****70.00

DOCUMENT # N98000006726

1. Corporation Name

DICKINSON OFFICE PARK OWNERS' ASSOCIATION, INC.

Principal Place of Business

6124 S.W. 30 AVENUE
GAINESVILLE FL 32608

Mailing Address

6124 S.W. 30 AVENUE
GAINESVILLE FL 32608



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
11/25/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DICKINSON, SARAH B
6124 S.W. 30 AVENUE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DP *President* ☐ DELETE
NAME DICKINSON, SARAH B
STREET ADDRESS 6124 S.W. 30 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE *DP* ☐ DELETE
NAME DICKINSON, JOSHUA C *erin -*
STREET ADDRESS 6124 S.W. 30 AVENUE *reinstated*
CITY-ST-ZIP GAINESVILLE FL 32608 *Do NOT DELETE*

TITLE *DST* ☒ DELETE
NAME PETRELLA, DAWN
STREET ADDRESS 10216 S.W. 41 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE *Secy-Treasurer DST* ☒ Change ☐ Addition
2.2 NAME *Rich Blaser*
2.3 STREET ADDRESS *7001 SW 24 Ave.*
2.4 CITY-ST-ZIP *Gainesville, FL 32607* *cur*

3.1 TITLE *Secy-Treasurer DST* ☒ Change ☐ Addition
3.2 NAME *Rich Blaser*
3.3 STREET ADDRESS *7001 SW 24 Ave.*
3.4 CITY-ST-ZIP *Gainesville, FL 32607*

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 3523311886
Date Daytime Phone #

CR2E037 (1/198)