

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001407

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: SHANNON LAKES OFFICE COMPLEX ASSOCIATION, INC.

## Current Principal Place of Business:

4826-A KERRY FOREST PKWY  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

4826 KERRY FOREST PKWY  
TALLAHASSEE, FL 32309

## Current Mailing Address:

4826-A KERRY FOREST PKWY  
TALLAHASSEE, FL 32308

## New Mailing Address:

4826 KERRY FOREST PKWY  
TALLAHASSEE, FL 32309

FEI Number: 59-3681371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, JACKIE M  
4826-A KERRY FOREST PKWY  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

WATSON, JACKIE M  
4826 KERRY FOREST PKWY  
TALLAHASSEE, FL 32309 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: M. JACKIE WATSON

01/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VOLLMER, DAN  
Address: 4832 KERRY FOREST PKWY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: DESSI, JIM  
Address: 4824 KERRY FOREST PKWY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD ( ) Delete  
Name: WATSON, JACKIE M  
Address: 4826-A KERRY FOREST PKWY  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: M. JACKIE WATSON

STD

01/22/2009

Electronic Signature of Signing Officer or Director

Date