2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006602

1. Entity Name
EGMONT PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Principal Place of Business
1941 CITRONA DRIVE
FERNANDINA BEACH, FL 32034

Mailing Address
1941 CITRONA DRIVE
FERNANDINA BEACH, FL 32034

01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3661444 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

A. JEFFERY TOMASSETTI
406 ASH STREET
FERNANDINA BEACH, FL 32301

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OWENS, C K
STREET ADDRESS	1947 CITRONA DRIVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	OWENS, SHIRLEY
STREET ADDRESS	1947 CITRONA DRIVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	MILLS, GEORGE G
STREET ADDRESS	1941 CITRUS DRIVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/08-80003-018 61.25

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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: George G. Mills 1/29/08 904-321-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #