2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000007331

1. Entity Name
95 CORPORATE CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6675 CORP CENTER PARKWAY #100 JACKSONVILLE, FL 32216	6675 CORP CENTER PARKWAY #100 JACKSONVILLE, FL 32216

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03172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3650408

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REINEY, C. WILLIAM ESQ
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE, FL 32207

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

U00000876184
04/11/08-80064-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COLEY, W ALEX
STREET ADDRESS	6675 CORPORATE CETNER PKWY STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	DVST
NAME	CREWS, ELISABETH K
STREET ADDRESS	6675 CORPORATE CETNER PKWY STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	PURVIS, COEN
STREET ADDRESS	6675 CORPORATE CETNER PKWY STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	CONN, JEFFREY A
STREET ADDRESS	6675 CORPORATE CETNER PKWY STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	THORNTON, J PATRICK
STREET ADDRESS	6675 CORPORATE CETNER PKWY STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/17/08 9043639002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #