

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90294 046 ***150.00

DOCUMENT # P97000104440

1. Entity Name
OFFICE PAVILION SOUTH FLORIDA, INC.



Principal Place of Business
**3521 ENTARPRISE WAY
MIRAMAR, FL 33025 US**

Mailing Address
**C/O HERMAN MILLER, INC
855 E MAIN AVENUE MS0110
ZEELAND, MI 49464 US**

60025979



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0799515

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER JR, ROBERT E
STEARNS WEAVER MILLER, ET AL
150 WEST FLAGLER STREET SUITE #2200
MIAMI, FL 33130**

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GREENWALD, JOHN**
CITY-ST-ZIP **2016 SELVA MADERA CT.
ATLANTIC BEACH, FL 32233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **CHRISTENSON, JAMES**
CITY-ST-ZIP **915 SAN JOSE DRIVE
EAST GRAND RAPIDS, MI 49506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HOFMEYER, ROBYN**
CITY-ST-ZIP **174 BAY CIRCLE DR.
HOLLAND, MI 49424**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AT**
STREET ADDRESS **LOON, MATTHEW**
CITY-ST-ZIP **7365 FELCH ST
ZEELAND, MI 49464**

TITLE ☒ Change ☐ Addition
NAME **AT**
STREET ADDRESS **Loon, Matthew**
CITY-ST-ZIP **7365 Felch St.
Zeeland, MI 49464**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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

Matthew S. Loon

Matthew S. Loon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(616) 654-3290