2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90037 044 ****61.25

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1. Entity Name
THE SHOPPES AT EAST POINTE LANDING CONDOMINIUM OWNER'S ASSOCIATION, INC.

40067431

Principal Place of Business	Mailing Address
3740 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32224	3740 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32224

03032008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-5561261
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONA B KERYON REAL ESTATE SERVICE
5772 TIMUGUGEA RD.
JACKSONVILLE, FL 32210

Business Condos USA #16
3740 St. John's Bluff Rd. S.
Jax., Fl. 32224

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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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WAREHOUSE CONDO VENTURES I, LLC
STREET ADDRESS	3740 ST. JOHN'S BLUFF ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
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CITY-ST-ZIP	
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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: _____ 4/7/08 904-928-4099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #