

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90120 039 \*\*\*\*61.25

0010593

DOCUMENT # **N94000000824**

1. Entity Name  
**NEWBERRY HILLS OFFICE CONDOMINIUM ASSN., INC.**



Principal Place of Business

~~101 N.W. 75TH STREET  
SUITE 1  
GAINESVILLE FL 32607  
US~~

Mailing Address

~~101 N.W. 75TH STREET  
SUITE 1  
GAINESVILLE FL 32607  
US~~

2. Principal Place of Business

**4400 NW 36<sup>th</sup> Ave.**

3. Mailing Address

**4400 NW 36<sup>th</sup> Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

4. FEI Number **59-3546802**

Applied For  
Not Applicable

Zip  
**32606**

Country  
**USA**

Zip  
**32606**

Country  
**USA**

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

~~MIPLA, JOHN  
101 N.W. 75TH STREET, #1  
GAINESVILLE FL 32607~~

Name **Pat Trippe**  
Street Address (P.O. Box Number is Not Acceptable)  
**Management Specialists, Inc.  
4400 NW 36<sup>th</sup> Avenue**  
City **Gainesville** FL Zip Code **32606**

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 *Pat Trippe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

15 Apr 03

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
NAME **HOWARD, AMY**  
STREET ADDRESS **101 N.W. 75TH STREET, #1**  
CITY-ST-ZIP **GAINESVILLE FL 32601-3260**

TITLE **PTD**  Change  Addition  
NAME **Sylvia, Tony**  
STREET ADDRESS **11151 NE 123rd Place**  
CITY-ST-ZIP **Archer, FL 32618**

TITLE **DVST**  Delete  
NAME **PLA, JOHN**  
STREET ADDRESS **101 N.W. 75TH STREET, #1**  
CITY-ST-ZIP **GAINESVILLE FL 32601-3260**

TITLE **D**  Change  Addition  
NAME **Rogers, Audrey**  
STREET ADDRESS **2400 NW 6<sup>th</sup> Street**  
CITY-ST-ZIP **Gainesville, FL 32609**

TITLE **D**  Delete  
NAME **JOHNSON, CARL L**  
STREET ADDRESS **4421 N.W. 39TH AVENUE, #1-2**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **SD**  Change  Addition  
NAME **Rousseau, Todd**  
STREET ADDRESS **7733-B2 W. Newberry Road**  
CITY-ST-ZIP **Gainesville, FL 32607**

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

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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 exemption stated in Section 119.07(3)(i), 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: *Pat Trippe* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Apr 03 (352)332-1028

Date

Daytime Phone #

CR2E037 (10/02)