

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003727

FILED
Jun 23, 2009
Secretary of State

Entity Name: NEWBERRY CREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4410-B NEWBERRY ROAD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4410-B NEWBERRY ROAD
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HORSEMAN, MICHAEL
4410-B NEWBERRY ROAD
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

HORSEMAN, MICHAEL
4410-B NEWBERRY ROAD
GAINESVILLE, FL 32607 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

06/23/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORSEMAN, MICHAEL
Address: 4410-B NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: VD () Delete
Name: PENNINGTON, ROGER
Address: 4410-A5 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: LEEPUCK, RENE
Address: 4410-B NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LEEPACK, RENE
Address: 4410-B NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HORSEMAN

Electronic Signature of Signing Officer or Director

PD

06/23/2009

Date