

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000006414

**Entity Name:** MARKETS WEST PROFESSIONAL PARK OFFICE (SOUTH)  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jun 09, 2020**  
**Secretary of State**  
**5485970882CC**

**Current Principal Place of Business:**

3324 W. UNIVERSITY AVENUE  
PMB 151  
GAINESVILLE, FL 32607

**Current Mailing Address:**

3324 W. UNIVERSITY AVENUE  
PMB 151  
GAINESVILLE, FL 32607 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CASON, MATT  
3324 WEST UNIVERSITY AVENUE  
PMB #151  
GAINSEVILLE, 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: MATT CASON**

**06/09/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CASON, MATTHEW D  
Address 3324 W. UNIVERSITY AVENUE  
City-State-Zip: GAINESVILLE FL 32607

Title VP  
Name CRAWFORD, BRIAN S  
Address 3324 W. UNIVERSITY AVENUE  
City-State-Zip: GAINESVILLE FL 32607

Title S, T  
Name SCHEER, JEREMY  
Address 3324 W. UNIVERSITY AVENUE  
City-State-Zip: GAINESVILLE FL 32607

Title AUTHORIZED REPRESENTATIVE  
Name LYNCH, SUSAN  
Address 3324 W. UNIVERSITY AVENUE  
PMB 151  
City-State-Zip: GAINESVILLE FL 32607

*I hereby 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 all other like empowered.*

**SIGNATURE: BRIAN CRAWFORD**

**MANAGER**

**06/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date