

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000824

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

**Current Principal Place of Business:**

7731-7733 W. NEWBERRY RD.  
GAINESVILLE, FL 32607

**Current Mailing Address:**

P.O. BOX 143086  
C/O UNIVERSITY MANAGEMENT, INC.  
GAINESVILLE, FL 32614 US

**FEI Number:** 59-3546802

**Certificate of Status Desired:** No

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

UNIVERSITY MANAGEMENT, INC.  
2811 S.W. ARCHER RD.  
ATTN: ROXANNE GORE  
GAINESVILLE, FL 32608 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P
Name	SYLVIA, ANTONIO
Address	11151 NE 123RD PLACE
City-State-Zip:	ARCHER FL 32618
Title	ST
Name	GERBER, DALE
Address	7733 W NEWBERRY RD SUITE B-3
City-State-Zip:	GAINESVILLE FL 32607

Title	VP
Name	ROGERS, AUBREY
Address	2400 NW 6TH STREET
City-State-Zip:	GAINESVILLE FL 32609
Title	MGR
Name	UNIVERSITY MANAGEMENT, INC.
Address	P.O. BOX 143086
City-State-Zip:	GAINESVILLE FL 32614

*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:** ROXANNE GORE

**MANAGER**

**01/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date