

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756474

FILED
Mar 06, 2009
Secretary of State

Entity Name: BIVENS FOREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1400 SW 25TH PL
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2288151 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAUSAMAN, D JEFFREY
C/O ACTION REAL ESTATE SERVICES
6110-B N.W. 1ST PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
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: D JEFFREY SAUSAMAN

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHILDERS, DEVIN
Address: 1450 SW 25TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: CARR, ERIN
Address: 1454 S.W. 25TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: OLSEN, KATHY
Address: 1414 SW 25 PL
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: MURRAY, STEPHANIE
Address: 1444 SW 25TH PL
City-St-Zip: GAINESVILLE, FL 32608

Title: TD () Delete
Name: GARDNER, DAVID
Address: 1436 SW 25TH PL
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: OLSON, KATHY
Address: 1414 SW 25 PL
City-St-Zip: GAINESVILLE, FL 32608

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

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

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: DEVIN CHILDERS

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date