

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005679

FILED
Apr 21, 2009
Secretary of State

Entity Name: UNION STREET STATION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MCGURN INVESTMENT COMPANY
101 SE 2ND PLACE SUITE 202
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2900
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-3677222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGURN, LINDA C
101 SE 2ND PLACE SUITE 202
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCGURN, KENNETH R
Address: 101 SE 2ND PLACE SUITE 202
City-St-Zip: GAINESVILLE, FL 32601

Title: T () Delete
Name: MCGURN, LINDA C
Address: 101 SE 2ND PLACE SUITE 202
City-St-Zip: GAINESVILLE, FL 32601

Title: VD () Delete
Name: SAXTON, HARRY
Address: 201 SE 2ND AVE 307
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: SCHEEL, WILLIAM
Address: 201 SE 2ND AVE 308
City-St-Zip: GAINESVILLE, FL 32601

Title: PD () Delete
Name: LASLO, BONNIE
Address: 201 SE 2ND AVE 419
City-St-Zip: GAINESVILLE, FL 32601

Title: S () Delete
Name: ELLIFRIT, MARY ELLEN
Address: 201 SE 2ND AVE 421
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: LINDA C. MCGURN

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date