

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000686

FILED
Apr 09, 2008
Secretary of State

Entity Name: COMMERCE BUILDING OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

502 NW 16TH AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

502 NW 16TH AVE
GAINESVILLE, FL 32601 US

Current Mailing Address:

502 NW 16TH AVE
GAINESVILLE, FL 32601

New Mailing Address:

502 NW 16TH AVE
GAINESVILLE, FL 32601 US

FEI Number: 42-1534613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, RONALD A
5608 NW 43RD ST
GAINESVILLE, FL 32653 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: DP () Delete
Name: WARREN, MICHAEL E
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: DVT () Delete
Name: BUCHANAN, SCOTT A
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: DS () Delete
Name: KABLER, PHILIP N
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: CHRISTENSEN, BRENT
Address: 300 E. UNIVERSITY AVENUE, STE 100
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WARREN, MICHAEL E
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: DVT (X) Change () Addition
Name: BUCHANAN, SCOTT A
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: DS (X) Change () Addition
Name: KABLER, PHILIP N
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D (X) Change () Addition
Name: CHRISTENSEN, BRENT
Address: 300 E. UNIVERSITY AVENUE, STE 100
City-St-Zip: GAINESVILLE, FL 32601 US

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: PHILIP N. KABLER

S

04/09/2008

Electronic Signature of Signing Officer or Director

Date