2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000968

FILED Mar 20, 2009 Secretary of State

Entity Name: NORTH FLORIDA CONDOMINIUM COMPLEX ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7106-A NW 11TH PLACE 7106 NW 11TH PLACE GAINESVILLE, FL 32605 SUITE B GAINESVILLE, FL 32605 **Current Mailing Address: New Mailing Address:** 7106-A NW 11TH PLACE 7106 NW 11TH PLACE GAINESVILLE, FL 32605 SUITE B GAINESVILLE, FL 32605 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEUSSNER, GEORGE G LEVY, NORMAN S 7106 NW 11TH PLACE 7106-A NW 11TH PLACE GAINESVILLE, FL 32605 US SUITE B GAINESVILLE, FL 32605 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: NORMAN S. LEVY 03/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEVY, NORMAN S Name: Name: 401 SW 88TH TERR. Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: VD () Delete Title: () Change () Addition FEUSSNER, GEORGE G Name: Name: Address: 7106-A NW 11TH PLACE Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: () Delete Title: () Change () Addition FEUSSNER, HELEN P Name: Name: 7106-A NW 11TH PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEVY, ROSLYN F Name: Address: 401 SW 88TH TERR. Address: City-St-Zip: GAINESVILLE, FL 32607 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: NORMAN S LEVY PD 03/20/2009