

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003474

FILED
Apr 30, 2009
Secretary of State

Entity Name: THOMAS SQUARE CONDOMINIUM, INC.

Current Principal Place of Business:

303-305-307 NE 6TH AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 2153
C/O KARA CAMERON
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-2681861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, KARA L
303 NE 6TH AVE.
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: DT () Delete
Name: CAMERON, KARA
Address: 303 NE 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: MOSS, D STEPHEN
Address: 307 NE 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D () Delete
Name: JOOS, KRISTIN
Address: 305 NE 6TH AVE.
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:

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: KARA CAMERON

DT

04/30/2009

Electronic Signature of Signing Officer or Director

Date