

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90026 038 \*\*\*\*61.25

DOCUMENT # N02000009689			
1. Entity Name THIRTY-NINTH AVENUE OFFICE OWNERS ASSN., INC.			
Principal Place of Business MANAGEMENT SPECIALISTS 4400 NW 36TH AVENUE GAINESVILLE, FL 32606		Mailing Address MANAGEMENT SPECIALISTS 4400 NW 36TH AVENUE GAINESVILLE, FL 32606	
2. Principal Place of Business - No P.O. Box # 500 NW 43rd Street		3. Mailing Address 500 NW 43rd Street	
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32607	Country USA	Zip 32607	Country USA
6. Name and Address of Current Registered Agent MANAGEMENT SPECIALISTS C/O PAT TRIPPE 4400 NW 36TH AVENUE GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N. Central FL Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd Street Suite 3 City Gainesville FL Zip Code 32607	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Pres, Eugene Haufler 4-22-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, CARL 4421 NW 39TH AVE., BLDG 1; STE 2 GAINESVILLE, FL 32603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rhonda Derus 4421 NW 39th Ave Bldg 2 Ste 1 Gainesville FL 32603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CORNWELL, DAVID 4421 NW 39TH AVE, BLDG 3 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEMUS, RHONDA 4421 NW 39TH AVE., BLDG 2, STE 1 GAINESVILLE, FL 32603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/17/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	