2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N02000009689

Entity Name: THIRTY-NINTH AVENUE OFFICE OWNERS ASSN., INC.

Current Principal Place of Business:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 74-3088206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNERSTONE PROP. SOL. OF N. CENT. FL.
500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 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: VP ( ) Delete
Name: DERUS, RHANDA
Address: 4421 NW 39TH AVE BLG 2 STEL
City-St-Zip: GAINESVILLE, FL 32603

Title: TS ( ) Delete
Name: CORNWELL, DAVID
Address: 4421 NW 39TH AVE,BLDG 3
City-St-Zip: GAINESVILLE, FL 32606

Title: DVP ( ) Delete
Name: DEMUS, RHONDA
Address: 4421 NW 39TH AVE., BLDG 2, STE 1
City-St-Zip: GAINESVILLE, FL 32603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: DERUS, RHONDA
Address: 4421 NW 39TH AVE BLG 2 STE 1
City-St-Zip: GAINESVILLE, FL 32606

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

Title: D (X) Change ( ) Addition
Name: JOHNSON, CARL PA
Address: 4421 NW 39TH AVE., BLDG 1, STE 1
City-St-Zip: GAINESVILLE, FL 32606

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: RHONDA DERUS VP 04/07/2009

Electronic Signature of Signing Officer or Director — Date