

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009614

FILED
Jul 01, 2004
Secretary of State

Entity Name: PECAN PARK 802 CONDOMINIUM ASSN., INC.

Current Principal Place of Business:

1219 NW 35TH AVE
GAINESVILLE, FL 32609

New Principal Place of Business:

806B NW 16TH AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

1219 NW 35TH AVE
GAINESVILLE, FL 32609

New Mailing Address:

POST OFFICE BOX 13893
GAINESVILLE, FL 32604

FEI Number: 27-0078442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, ANDREW P
1219 NW 35TH AVE
GAINESVILLE, FL 32609

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: PSTD () Delete
Name: KAPLAN, ANDREW P
Address: 1219 NW 35TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: VD () Delete
Name: KAPLAN, CHERYL
Address: 1219 NW 35TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: JOHNSON, CARL L
Address: 4421 NW 39TH AVE SUITE 1-2
City-St-Zip: GAINESVILLE, FL 32606

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 for the exemption stated in Section 119.07(3)(i), 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: ANDREW KAPLAN

PTSD

07/01/2004

Electronic Signature of Signing Officer or Director

Date