

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90313 027 \*\*\*\*61.25

**DOCUMENT # N04000004539**

1. Entity Name  
**SEVENTH STREET STATION CONDOMINIUM ASSN., INC.**



Principal Place of Business  
**10815 SW 20TH PLACE  
GAINESVILLE, FL 32607**

Mailing Address  
**10815 SW 20TH PLACE  
GAINESVILLE, FL 32607**

**50042923**



2. Principal Place of Business

**5522-B NW 43rd ST**

3. Mailing Address

**5522-B NW 43rd ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005

Chg-NP

CR2E037 (10/03)

City & State

**Gainesville FL**

City & State

**Gainesville FL**

4. FEI Number

**20-1155890**

☒ Applied For

☐ Not Applicable

Zip

**32653**

Country

**US**

Zip

**32653**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRACE, CYNTHIA K  
10815 SW 20TH PLACE  
GAINESVILLE, FL 32607**

7. Name and Address of New Registered Agent

Name **Richard A. Tenaglia**

Street Address (P.O. Box Number is Not Acceptable)  
**clo Boshardt Property mgmt.**

**5522-B NW 43rd ST**

City **Gainesville**

**FL**

Zip Code

**32653**

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

**Richard A. Tenaglia**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**11/25/05**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **GRACE, CYNTHIA K**  
STREET ADDRESS **10815 SW 20TH PLACE**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☒ Delete  
NAME **PACE, RICHELLE M**  
STREET ADDRESS **10815 SW 20TH PLACE**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☒ Delete  
NAME **JOHNSON, CARL L**  
STREET ADDRESS **4421 NW 39TH AVE SUITE 1-2**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Katie Pais**  
STREET ADDRESS **1710 NW 7th Street #403**  
CITY-ST-ZIP **Gainesville, FL 32609**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Tristan milstre**  
STREET ADDRESS **912 Coburn St**  
CITY-ST-ZIP **Bel Air MD 21014**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Katie Gerlach**  
STREET ADDRESS **1710 NW 7th St #102**  
CITY-ST-ZIP **Gainesville, FL 32609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

**Katie Pais**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.14.05**

Date

Daytime Phone #