

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004539

FILED
Apr 21, 2006
Secretary of State

Entity Name: SEVENTH STREET STATION CONDOMINIUM ASSN., INC.

Current Principal Place of Business:

5522-B NORTHWEST 43RD STREET
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5522-B NORTHWEST 43RD STREET
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 20-1155890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENAGLIA, RICHARD A
C/O BOSCHWALT PROPERTY MGT.
5522-B NORTHWEST 43RD STREET
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

RHINESMITH, PATRICIA
C/O BOSSHARDT PROPERTY MGT.
5522-B NORTHWEST 43RD STREET
GAINESVILLE, FL 32653 US

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: PATRICIA RHINESMITH

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAIS, KATIE
Address: 1710 NORTHWEST 7TH STREET SUITE 403
City-St-Zip: GAINESVILLE, FL 32609

Title: TD () Delete
Name: MILSTRE, TRISTON
Address: 912 COBURN COURT
City-St-Zip: BEL AIR, MD 21014

Title: SD () Delete
Name: GERLACH, KATIE
Address: 176 NORTHWEST 7TH STREET SUITE 102
City-St-Zip: GAINESVILLE, FL 32609

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 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: KATIE PAIS

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date