

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 30, 2009
Secretary of State

DOCUMENT# N04000006662

Entity Name: CAMPUS STATION CONDOMINIUM ASSN., INC.**Current Principal Place of Business:**5522 NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653**New Principal Place of Business:****Current Mailing Address:**5522 NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653**New Mailing Address:****FEI Number:** 20-1355419**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOUDERSHELT, BOBBY
BOSSHARDT PROPERTY MANAGEMENT
5522-B NW 43RD STREET
GAINESVILLE, FL 32653 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:** SD () Delete
Name: CHISHOLM, KEITH
Address: 10420 SW 21ST AVENUE
City-St-Zip: GAINESVILLE, FL 32607**Title:** P () Delete
Name: PENNEWILL, ASHLEY
Address: 120 NW 8TH ST #2
City-St-Zip: GAINESVILLE, FL 32601**Title:** VPT () Delete
Name: NOVELLO, AARON
Address: 12300 SW 2ND STREET
City-St-Zip: PLANTATION, FL 33325**Title:** D (X) Delete
Name: ZABORSKE, RYAN
Address: 120 NW 8TH STREET #4
City-St-Zip: GAINESVILLE, FL 32601**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:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: ASHLEY PENNEWILL

PRES

09/30/2009

Electronic Signature of Signing Officer or Director

Date