2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

## Applied For Housines Mailing Address A STEF GAMESVILLE, FL 32606 2. Principal place of business 5522-B NW 43" Street S522-B NW 43" Street Only & state	1. Entity Nam	MENT # N0400007296 TON NORTH CONDOMINIUM A	04-04-2005 90073 041 ****61.25							
Friedrick place of business 5522_B NW 43 rd Street city & state Gainesville, FL Zip 32653 County Alachua 2	4907 NW 43 ST STE F 4907 NW 43 ST STE F									
S. Conflictate of Status Desired S8.75 Additional Per Required S8.75 Additional Per Requir	Principal 5522-E city & sta Gaines	place of business 3 NW 43 rd Street ate ville, FL	5522-B NW 43 rd S city & state Gainesville, FL	_	02102005 Chg-NP CR2E037 (10/03) 4. FEI Number					
PLA, JOHN M 4907 NW 43 ST STE F GAINESVILLE, FL 32606 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 SIGNATURE Signature, hybrid or presistered registered segent and the 4 applicable. Filling Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Flund Controlbution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIPE DPST OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIPE DPST OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIPE DV WARE PLA, JOHN M SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIPE DV WARE PLA, JOHN M SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIPE DV WARE PURPLE, 136607 TIPE DV WARE PURPLE, 136607 TIPE DV WARE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIPE DV WARE SIRET ADDRESS SIRET	Zip 320	53 County Alachua			5 Certificate of Status Desired S8.75 Additional					
PLA, JOHN M 4907 NW 43 ST STE F GAINESVILLE, FL 32606 B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fioritia. Lam familiar with, and accept the obligations of registered agent. SIGNATURE System, joined in preference of registered agent and the 4 applicable. FILING Fee is 361.25 Due by May 1, 2005 FILING Fee is 361.25 FILING Fee is 361.		Name and Address of Current Regist	ered Agent		7. Name and Address of New Registered Agent					
SIGNATURE Signature, speed or preter name of ingasered agent, and the 4 applicable. (ACTE, Registered Agent represent information) DATE	PLA, JOHN M 4907 NW 43 ST STE F				c/o Bosshardt Property Mgt. 5522-B NW 43 rd Street Gainesville, FL 32653					
Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State	the obligations of registered agent. SIGNATURE 2/10/2005.									
TITLE INME	Due by May 1, 2005 Trust Fund Contribution				Added to Fees Florida Department of State					
TITLE DV PUGH, MERRILL STREET ADDRESS CITY-ST-2PP TITLE D GAINESVILLE, FL 32606 TITLE D JOHNSON, CARL L STREET ADDRESS CITY-ST-2PP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-2PP TITLE STREET ADDRESS CITY-ST-2PP TITLE NAME STREET ADDRESS CITY-ST-2PP TITLE TITLE STREET ADDRESS CITY-ST-2PP TITLE TI	TITLE NAME STREET ADDRESS	DPST PLA, JOHN M 618 NW 60 ST STE AF		TITLE NAME STREET ADDRESS	PD Change Maddition ennifer M. weigelf Change Maddition 3920 Sw 20th Ave # 1306					
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	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS	Change Addition					

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.

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SIGNATURE: _	es Wira	Ut Jennifer	Weigelt	3-22-05	352 - 372 - 5749
	SIGNATURE AND TYPED ON	PRINTED NAME OF SIGNING OFFICER OF DIRECTO	DR J	Date	Daytime Phone #