

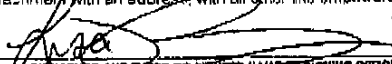
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MACOR REALT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90072 012 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N04725 1. Entity Name PICKWICK PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4411 SW 34 ST GAINESVILLE, FL US			Mailing Address PO BOX 140502 GAINESVILLE, FL 32614		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2744441	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MACOR REALTY INC 10404 SW 24TH AVENUE GAINESVILLE, FL 32607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent, and filing application. (NOTE: Both new Agent signature required when registered)					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P/D FRECHETT, WILLIAM ☒ Delete 4411 SW 34 ST, # 1001 GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MARSH, DON ☐ Delete 4411 SW 34 ST, # 803 GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LESLIE, LAUREN ☐ Delete 4411 SW 34 ST, #501 GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTEIN, TARA ☐ Delete 4411 SW 34 ST, #903 GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Lisa Bering 4-28-06 352-3317141 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #					