
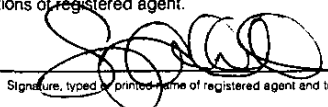
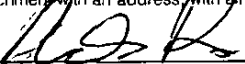


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90185 014 ****61.25

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 - No P.O. Box #		3. Mailing Address 901 NW 8th Ave Suite A-6			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite A-6			
City & State		City & State Gainesville, Fl 32601			
Zip	Country	Zip 32601	Country	4. FEI Number 59-2744441	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 Sun Lu Properties, Inc. Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Ave. Suite A-6 City Gainesville FL Zip Code 32601		
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 			DATE 4-28-08		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MARSH, DON 4411 SW 34 ST, # 603 GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adam Reese, President 4411 SW 34th Street #107 Gainesville, Fl. 32602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LESLIE, LAUREN 4411 SW 34 ST, #501 GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deborah Jenkins, V.P. 9785 SW 129th Terr. Rd. Dunelion, Fl. 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.					
SIGNATURE: 			Date 4-28-08		
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					