

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90091 008 ****61.25

DOCUMENT # N05000004122

1. Entity Name
PICKWICK CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4411 SW 34TH ST
GAINESVILLE, FL 32608**

Mailing Address
**PO BOX 143086
GAINESVILLE, FL 32614**

40014469



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2718197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, GARY
6003 NW 112TH PLACE
ALACHUA, FL 32615**

7. Name and Address of New Registered Agent

Name **University Management Inc.**

Street Address (P.O. Box Number is Not Acceptable)

2811 S.W. Archer Rd.

Attn: **Roxanne Slodzinski**

City **Gainesville**

FL

Zip Code
32608

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.

Roxanne Slodzinski, President University Management Inc.

SIGNATURE **Roxanne Slodzinski**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **PD** ☐ Delete
NAME **THOMAS, GARY**
STREET ADDRESS **6003 NW 112TH PLACE**
CITY - ST - ZIP **ALACHUA, FL 32615**

TITLE **VSTD** ☐ Delete
NAME **AMERSON, WILLIAM**
STREET ADDRESS **5128 NW 47TH LANE**
CITY - ST - ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☐ Delete
NAME **THOMAS, KAREN**
STREET ADDRESS **6003 NW 112TH PLACE**
CITY - ST - ZIP **ALACHUA, FL 32615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VS** ☒ Change ☐ Addition
NAME **Jeremy Thomas**
STREET ADDRESS **4411 SW 34th St. #1204**
CITY - ST - ZIP **Gainesville, FL 32608**

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07 352-373-7904
Date Daytime Phone #