


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000004122 1. Entity Name PICKWICK CIRCLE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4411 SW 34TH ST GAINESVILLE, FL 32608	Mailing Address PO BOX 143086 GAINESVILLE, FL 32614
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01242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2718197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UNIVERSITY MANAGEMENT, INC.
2811 SW ARCHER RD.
ATTN: ROXANNE SLODZINSKI
GAINESVILLE, FL 32608**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, GARY 6003 NW 112TH PLACE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMAS, JEREMY 4411 34TH STREET, 1204 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, KAREN 6003 NW 112TH PLACE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U000008229061
02/20/08-80018-010 61.25

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:  **Gary Thomas** 2/8/08 352-373-7904
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #