

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90469 021 ****61.25

DOCUMENT # N05000006245

1. Entity Name
GARLAND CONDOMINIUM ASSN., INC.



Principal Place of Business
2106 NW 13TH ST
GAINESVILLE, FL 32609

Mailing Address
2106 NW 13TH ST
GAINESVILLE, FL 32609

00043400



2. Principal Place of Business - No P.O. Box #
901 NW 8th Avenue
Suite, Apt. #, etc.
Suite A-6
City & State
Gainesville, FL
Zip
32601

Country
Alachua

3. Mailing Address
901 NW 8th Avenue
Suite, Apt. #, etc.
Suite A-6
City & State
Gainesville, FL
Zip
32601

Country
Alachua

03052007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3026451

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROGERS, RICHARD
2106 NW 13TH ST
GAINESVILLE, FL 32609

7. Name and Address of New Registered Agent
Name
Sally Ann Wilson
Street Address (P.O. Box Number is Not Acceptable)
c/o Sun Lu Properties, Inc.
901 NW 8th Avenue, 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 **4-27-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLIS, NEILL J. 919 NW 21ST AVE GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Katrin Banks 919 NW 21st Avenue Gainesville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEDOR, MICHELLE 875 BW 21ST AVE GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Dante Trevisani 925 NW 21st Avenue Gainesville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRELL, CRISTINA T 889 NW 21ST AVE GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Matthew Lane 851 NW 21st Avenue Gainesville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, ERIKA S 915 NW 21ST AVE GAINESVILLE, FL 32609 <input checked="" 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 all other like empowered.

SIGNATURE:  **4/27/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #