


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90039 034 ****61.25

DOCUMENT # N05000006258

1. Entity Name
PUBLIX MARKET SQUARE OWNERS ASSOCIATION, INC.



Principal Place of Business
 9116 SW 51ST RD
 102B
 GAINESVILLE, FL 32608

Mailing Address
 PO BOX 14121
 GAINESVILLE, FL 32604

40113001



2. Principal Place of Business - No P.O. Box #
1731 NW 6TH STREET

3. Mailing Address
PO BOX 14506

Suite, Apt. #, etc.
SUITE A

02082007 Chg-NP CR2E037 (12/06)

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

4. FEI Number
55-0911107

Applied For
 Not Applicable

Zip
32609

Country
ALACHUA

Zip
32604

Country
ALACHUA

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

6. Name and Address of Current Registered Agent

JOSE E. MEDINA JR
9116 SW 51ST RD
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name
WESTON BAUR/ED BAUR MANAGEMENT INC.

Street Address (P.O. Box Number is Not Acceptable)
DBA FLORIDA COMMUNITY MANAGEMENT

1731 NW 6TH STREET SUITE A

City
GAINESVILLE FL Zip Code
32609

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 *Weston Baur* **3-8-07**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROWE, ROBERT R 2887 SW 93RD DRIVE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROWE, JENNIFER J 2887 SW 93RD DRIVE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURNER, LINDA 2887 SW 93RD DRIVE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Linda Turner* **5-1-07 352/538-4435**

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