

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006258

FILED
Mar 30, 2009
Secretary of State

Entity Name: PUBLIX MARKET SQUARE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6TH ST
STE A
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 14506
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 55-0911107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DBA FLORIDA COMMUNITY MGMT
1731 NW 6TH ST
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

ED BAUR MANAGEMENT, INC.
1731 NW 6TH ST
STE A
GAINESVILLE, FL 32609 US

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.

SIGNATURE: HAL WHITTET

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCARTHUR, PAUL
Address: 3501 W UNIVERSITY AVE STE D
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: WILDE, DOUG
Address: POB 13421
City-St-Zip: GAINESVILLE, FL 32604

Title: S () Delete
Name: BOLTON, ADAM
Address: 5800 NW 39TH AVE 100
City-St-Zip: GAINESVILLE, FL 32604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MCARTHUR, PAUL
Address: 3501 W UNIVERSITY AVE STE D
City-St-Zip: GAINESVILLE, FL 32607

Title: P (X) Change () Addition
Name: WILDE, DOUG
Address: POB 13421
City-St-Zip: GAINESVILLE, FL 32604

Title: S/T (X) Change () Addition
Name: BOLTON, ADAM
Address: 5800 NW 39TH AVE 100
City-St-Zip: GAINESVILLE, FL 32604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG WILDE

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date