


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90174 020 \*\*\*\*61.25

**DOCUMENT # N05000010651**

1. Entity Name  
**CAMPUS VIEW CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1731 NW 6TH ST  
 SUITE A  
 GAINESVILLE, FL 32609**

Mailing Address  
**1731 NW 6TH ST  
 SUITE A  
 GAINESVILLE, FL 32609**

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

3. Mailing Address  
**PO BOX 14506**

Suite, Apt. #, etc.  
**SUITE A**

Suite, Apt. #, etc.

City & State  
**GAINESVILLE FL**

City & State  
**GAINESVILLE FL**

Zip  
**32609**

Country  
**ALACHUA**

Zip  
**32604**

Country  
**ALACHUA**



02082007 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**

**ED BAU MANAGEMENT, INC  
 1731 NW 6TH ST  
 SUITE A  
 GAINESVILLE, FL 32609**

**7. Name and Address of New Registered Agent**

Name  
**WESTON BAUR/ED BAUR MANAGEMENT INC.**

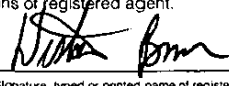
Street Address (P.O. Box Number is Not Acceptable)  
**DBA FLORIDA COMMUNITY MANAGEMENT  
 1731 NW 6TH STREET SUITE A**

City  
**GAINESVILLE**

State  
**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  DATE **3-8-07**

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**

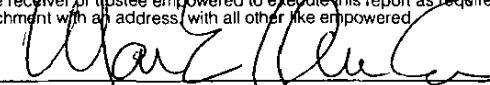
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYRKOLBOTN, SVEIN H 20725 SW 46TH AVE. NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOCKMAN, JIM 20725 SW 46TH AVE. NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, HEATHER 20725 SW 46TH AVE. NEWBERRY, FL 32669	<input checked="" 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	P. MARK GENERALES 7 SALT MARSH CIVE BEAUFORT SC 29907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. ROBERT FIELDS 1981 SALT MYRTLE LANE ORANGE PARK FL 32003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. KAREN HOPE 7915 SE 12TH CIRCLE OCALA FL 34480	<input checked="" 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:  DATE: **3-28-07** DAYTIME PHONE #: **843-263-6797**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR