

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90028 003 \*\*\*\*61.25

<b>DOCUMENT # N05000012421</b> 1. Entity Name <b>MOSSY OAKS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>996 SW 16TH AVE. GAINESVILLE, FL 32601</b>		Mailing Address <b>996 SW 16TH AVE. GAINESVILLE, FL 32601</b>	
2. Principal Place of Business - No P.O. Box # <b>4123 SW 15th PL</b> Suite, Apt. #, etc. <b>Apt. #1</b> City & State <b>Gainesville, FL</b> Zip <b>32607</b>		3. Mailing Address <b>4123 SW 15th PL</b> Suite, Apt. #, etc. <b>Apt. #1</b> City & State <b>Gainesville, FL</b> Zip <b>32607</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>75-3208303</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WU, JIAXIANG 996 SW 16TH AVE. GAINESVILLE, FL 32601</b>		7. Name and Address of New Registered Agent Name <b>Jason C. Hall</b> Street Address (P.O. Box Number is Not Acceptable) <b>4123 SW 15th PL</b> <b>Apt. #1</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32607</b>	
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 <u><i>Jason C. Hall</i></u> <b>Jason C. Hall, President + Treasurer</b> <b>02-07-08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WU, JIAXIANG 2406 SW 98TH DR. GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jason C. Hall</b> <b>4123 SW 15th PL, Apt. #1</b> <b>Gainesville, FL 32607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YANG, BAOZHEN 2406 SW 98 DR. GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>William Garcia</b> <b>4123 SW 15th PL, Apt. #2</b> <b>Gainesville, FL 32607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUO, YUXIN 2406 SW 98 DR. GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Anthony L. Centurione</b> <b>4123 SW 15th PL, Apt. #4</b> <b>Gainesville, FL 32607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Edward French</b> <b>4123 SW 15th PL, Apt. #3</b> <b>Gainesville, FL 32607</b>
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: <u><i>Jason C. Hall</i></u> <b>Jason C. Hall</b> <b>02-07-08</b> <b>352-256-3181</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			