

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000489

FILED
Apr 08, 2009
Secretary of State

Entity Name: LOTS 1-5, GAINESVILLE BUSINESS & TECHNOLOGY PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O UNION PROPERTIES ASSOC. MGMT. SERVICES
4421 NW 39 AVE., BLDG 2, SUITE 1
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

P O BOX 357070
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 20-5024476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNION PROPERTIES ASSOC. MGMT. SERVICES
4421 NW 39 AVE., BLDG 2, SUITE 1
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WURN, LAWRENCE J
Address: 6840 NE 225TH ST.
City-St-Zip: MELROSE, FL 32666

Title: DV () Delete
Name: WURN, JACQUELINE
Address: 6750 EPPING FOREST WAY N, #113
City-St-Zip: JACKSONVILLE, FL 32217

Title: DST () Delete
Name: WURN, EMILY
Address: 6750 EPPING FOREST WAY N, #113
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: WURN, JACQUELINE
Address: 6750 EPPING FOREST WAY N, #113
City-St-Zip: JACKSONVILLE, FL 32217

Title: DV (X) Change () Addition
Name: BUGOS, DONALD
Address: 4566 NW 5 BLVD, UNIT N
City-St-Zip: GAINESVILLE, FL 32609

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: LAWRENCE J. WURN

DP

04/08/2009

Electronic Signature of Signing Officer or Director

Date