

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002589

FILED
Apr 13, 2009
Secretary of State

Entity Name: NEW COLLEGE OF FLORIDA PROPERTY CORPORATION

Current Principal Place of Business:

5800 BAY SHORE RD.
COH 108
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

5800 BAY SHORE RD.
COH 108
SARASOTA, FL 34243

New Mailing Address:

5800 BAY SHORE RD.
PMD 123
SARASOTA, FL 34243

FEI Number: 26-0193899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PFEIFFER, STEVE
5800 BAY SHORE ROAD
SARASOTA, FL 34243 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: CD () Delete
Name: PRESHA, MICKEY
Address: 5800 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: STED () Delete
Name: MARTIN, JOHN
Address: 5800 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: MICHALSON, GORDON
Address: 5800 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: BAKER, BRADFORD
Address: 5800 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: CARTER, CAROL
Address: 5800 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: WALKER, ANDREW
Address: 5800 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34243

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: WILLIAM LAWHON

CONT

04/13/2009

Electronic Signature of Signing Officer or Director

Date