

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004843

FILED  
Feb 20, 2009  
Secretary of State

**Entity Name:** GAP CREEK OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9030 58TH DRIVE EAST  
SUITE 103  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

9030 58TH DRIVE EAST  
SUITE 103  
BRADENTON, FL 34202

**New Mailing Address:**

**FEI Number:** 20-4887647      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THOMASON, ELIZABETH  
9020 58TH DRIVE EAST  
SUITE 101  
BRADENTON, FL 34202 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: D ( ) Delete  
Name: LEHMAN, TIMOTHY P  
Address: 9129 16TH AVENUE CIRCLE N.W.  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: THOMASON, ELIZABETH  
Address: 6204 98TH STREET EAST  
City-St-Zip: BRADENTON, FL 34202

Title: D ( ) Delete  
Name: SMITH, D. BEMIS  
Address: 301 17TH STREET EAST  
City-St-Zip: BRADENTON, FL 34208

**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:

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: ELIZABETH L THOMASON

GMRM

02/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date