


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90015 005 \*\*\*\*70.00

<b>DOCUMENT # N06000006124</b> 1. Entity Name <b>ALAMAR PLACE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1420 SW 42ND ST</b> <b>A</b> <b>GAINESVILLE, FL 32607</b>			Mailing Address <b>1420 SW 42ND ST</b> <b>A</b> <b>GAINESVILLE, FL 32607</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1420 SW 42nd Street</b> <b>B</b> Suite, Apt. #, etc.			
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32607</b>		Country <b>Alsucho</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required ~</b>	
6. Name and Address of Current Registered Agent <b>SOLBACH, JENNIFER</b> <b>1420A SW 42ND STREET</b> <b>GAINESVILLE, FL 32607</b>			7. Name and Address of New Registered Agent Name <b>Michelle Rhodes</b> Street Address (P.O. Box Number is Not Acceptable) <b>1420 B SW 42nd Street</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>Michelle Rhodes</u> DATE: <u>4/20/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>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	P <input type="checkbox"/> Delete <b>GARDNER, GLEN</b> <b>1420 A SW 42ND ST</b> <b>GAINESVILLE, FL 32607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>RHODES, RICHARD</b> <b>13213 51ST STREET</b> <b>OZONE PARK, NY 11417</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>RHODES, MICHELLE</b> <b>1420B SW 42ND STREET</b> <b>GAINESVILLE, FL 32607</b>		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	
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>Michelle Rhodes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/20/08</u> (352) <u>262-0924</u> <small>Date Daytime Phone #</small>		