

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90069 028 ****61.25

DOCUMENT # N06000006846

1. Entity Name
SUWANNEE POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1731 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32609**

Mailing Address
**PO BOX 14506
GAINESVILLE, FL 32604**

40062057



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
72-1621454

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUFLER, EUGUENE
DBA FLORIDA COMMUNITY MGMT
1731 NW 6TH ST SUITE A
GAINESVILLE, FL 32609**

Name
WESTON BAUR/ED BAUR MANAGEMENT INC.

Street Address
DBA FLORIDA COMMUNITY MANAGEMENT

1731 NW 6TH STREET

City
GAINESVILLE

FL

Zip Code
32609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HODOR, ANDREW G
3760 NW 83 STREET STE A
GAINESVILLE, FL 32606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KROPP, JEFFREY
2516 NW 43 ST
GAINESVILLE, FL 32606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SALTER, JAMES
3940 NW 16 BLVD BLDG B
GAINESVILLE, FL 32605** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JERRY STEINBERG
8507 SW 5TH PALCE
GAINESVILLE FL 32607** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
SALTER, JAMES D
3940 NW 16TH BLVD, BLDG B
GAINESVILLE, FL 32605** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ 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:

Jerry Steinberg

JERRY STEINBERG

4-2-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #