

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007503

FILED
Dec 18, 2007
Secretary of State

Entity Name: CAMPUS POINT OF GAINESVILLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11373 NW 18TH LANE
GAINESVILLE, FL 32606

New Principal Place of Business:

117 SE 16TH AVE
GAINESVILLE, FL 32601

Current Mailing Address:

11373 NW 18TH LANE
GAINESVILLE, FL 32606

New Mailing Address:

117 SE 16TH AVE
GAINESVILLE, FL 32601

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEISE, JONATHAN L
11373 NW 18TH LANE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

SEALS, MARY
117 SE 16TH AVE
GAINESVILLE, FL 32601 US

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: MARY SEALS

12/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEISE, JONATHAN L
Address: 11373 NW 18TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: DVP () Delete
Name: HEISE, ARICA M
Address: 11373 NW 18TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: DST () Delete
Name: PORTER, CHARLES L
Address: 11373 NW 18TH LANE
City-St-Zip: GAINESVILLE, FL 32606

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: JONATHAN L HEISE

DP

12/18/2007

Electronic Signature of Signing Officer or Director

Date