

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007503

FILED  
Apr 28, 2008  
Secretary of State

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

**Current Principal Place of Business:**

117 SE 16TH AVE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

117 SE 16TH AVE  
GAINESVILLE, FL 32601

**New Mailing Address:**

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

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

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

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

SEALES, 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 SEALES

04/28/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: PINO, CHARLES T  
Address: 18 NW 33RD COURT  
City-St-Zip: GAINESVILLE, FL 32607

Title: VPD                      ( ) Delete  
Name: CLAUSON, RICHARD  
Address: 20807 NW 70TH ACE  
City-St-Zip: ALACHUA, FL 326157004

Title: SD                      ( ) Delete  
Name: SOTOMAYOR, ELIZABETH C  
Address: 1410 FALKIRK COURT  
City-St-Zip: JACKSONVILLE, FL 322212818

Title: TD                      ( ) Delete  
Name: COOPER, ALISON  
Address: 1035 SW 9TH ST #E-3  
City-St-Zip: GAINESVILLE, FL 32608

**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:

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: MARY SEALES

MGR

04/28/2008

Electronic Signature of Signing Officer or Director

Date