2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N06000009968

Entity Name: LIFESTYLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9200 NW 36TH PL STE B
GAINESVILLE, FL 32606

New Principal Place of Business:

C/O UNION PROPERTIES ASSOC. MGMT. SERVICES
4421 NW 39 AVE., BLDG 2, SUITE 1
GAINESVILLE, FL 32606

Current Mailing Address:

9200 NW 36TH PL STE B
GAINESVILLE, FL 32606

New Mailing Address:

P O BOX 357070
GAINESVILLE, FL 32635

FEI Number: 20-5641527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURRY, CHRIS
9200 NW 36TH PL STE B
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

UNION PROPERTIES ASSOC. MGMT. SERVICES
4421 NW 39 AVE., BLDG 2, SUITE 1
GAINESVILLE, FL 32606 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: RHONDA DERUS 04/21/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KRANZ, DAVID
Address: 9200 NW 36TH PL STE B
City-St-Zip: GAINESVILLE, FL 32606

Title: VSTD ( ) Delete
Name: CURRY, CHRIS
Address: 9200 NW 36TH PL STE B
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: COWART, JESSICA
Address: 9200 NW 36TH PL STE B
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: DAVID KRANZ PD 04/21/2008
Electronic Signature of Signing Officer or Director Date