

NO7000000560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

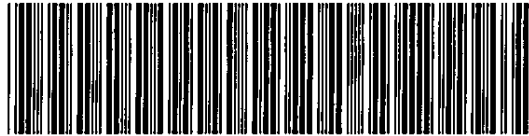
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

R.A. Change

C. Goulette APR 18 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Campus View North Condominium Assoc Inc
(Name of Corporation)

DOCUMENT NUMBER: 1107000000560

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Weston Bann
(Name of Contact Person)

Ed Bann Mgt. DBA Florida Community Management
(Firm/Company)

1731 NW 6th St. Ste. A
(Address)

Gainesville FL 32609
(City/State and Zip Code)

For further information concerning this matter, please call:

Weston Bann at (352) 375-7104
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2007

WESTON BAUR
ED BAUR MGT
1731 NW 6TH ST., STE. A
GAINESVILLE, FL 32609

SUBJECT: CAMPUS VIEW NORTH CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N07000000560

We have received your document for CAMPUS VIEW NORTH CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You will need to have the name and title of person signing for corporation on your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 407A00024726

RECEIVED

07 APR 18 AM 8:00

DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Campes View North Condominium Association, Inc.
2. The principal office address: 1731 NW 6th St. Ste A
Gainesville, FL 32609
3. The mailing address (if different): P.O. Box 14506
Gainesville, FL 32604
4. Date of incorporation/qualification: 01-17-07 Document number: N07000000560
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Dynkolbotn, Svein H
20725 SW 46th Ave
Newberry, FL 32669

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Weston Baur / Ed Baur Management Inc
1731 NW 6th St Ste A
(P.O. Box NOT acceptable)
Gainesville, FL 32609

07 APR 18 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] Svein Dynkolbotn - Pres.
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 4-17-07
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)