

FILED
Jun 02, 2008 8:00 am
Secretary of State

05-08-2008 90025 010 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N07000000560					
1. Entity Name CAMPUS VIEW NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1731 NW 6TH ST STE. A GAINESVILLE, FL 32609			Mailing Address PO BOX 14506 GAINESVILLE, FL 32604		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2223907	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUR, WESTON 1731 NW 6TH ST., STE. A GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name: WESTON BAUR/ED BAUR MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable): DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET STE A 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: DATE: 4-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD DRYKOLBOTN, SVEIN H 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Svein H. Drykolbotn 2579 SW 87th Drive Gainesville, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STOCKMAN, JIM 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELLS THE LOSEN 245 S.W. 11TH PLACE GAINESVILLE, FL 32601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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:			4/28/08 352/472-9310 <small>Date Daytime Phone</small>		

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