2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N07000000560

Entity Name: CAMPUS VIEW NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6TH ST
STE. A
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 14506
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 41-2223907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTON BAUR/ ED BAUR MGMT INC
DBA FLORIDA COMMUNITY MGMT
1731 NW 6TH STE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

ED BAUR MANAGEMENT, INC.
1731 NW 6TH STREET
STE A
GAINESVILLE, FL 32609 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: HAL WHITTET 03/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DRYKOLBOTN, SVEIN H
Address: 2579 SW 87TH DR
City-St-Zip: GAINESVILLE, FL 32607

Title: VPD ( ) Delete
Name: STOCKMAN, JIM
Address: 20725 S.W. 46TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: ST ( ) Delete
Name: WELLS THE LOSEN
Address: 245 S.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KOURI, GERARD
Address: 5311 KING ARTHUR AVENUE
City-St-Zip: DAVIE, FL 33331

Title: VP (X) Change ( ) Addition
Name: ALFORD, WILLIAM
Address: 3903 CHERERLY DRIVE WEST
City-St-Zip: LAKELAND, FL 33813

Title: S/T (X) Change ( ) Addition
Name: PUENTE, GLENDA M
Address: 706 ASTER WAY
City-St-Zip: WESTON, FL 33327

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: GERARD KOURI P 03/27/2009
Electronic Signature of Signing Officer or Director Date