




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90034 033 ****61.25

DOCUMENT # N07000005899			
1. Entity Name 36TH AVENUE WAREHOUSE CONDOMINIUM OWNERS' ASSOCIATION, INC.		Principal Place of Business 2603 SE 17TH ST., SUITE A OCALA, FL 34471	
2. Principal Place of Business - No P.O. Box # 2201 SE 30th Avenue		3. Mailing Address 2201 SE 30th Avenue	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Ocala FL		City & State Ocala FL	
Zip 34471		Country USA	
4. FEI Number 26-1802373		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIECHENS, CHRISTOPHER S 2603 SE 17TH ST., SUITE A OCALA, FL 34471		7. Name and Address of New Registered Agent Name: Wiechens, Christopher S. Street Address (P.O. Box Number is Not Acceptable): 2201 SE 30th Avenue Suite 201 City: Ocala FL Zip Code: 34471	
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: 		Christopher S. Wiechens	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE: 1/8/08		DATE:	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETZER, ALLEN M 3231 OLD BARN RD. EAST PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIECHENS, CHRISTOPHER S 2603 SE 17TH ST., SUITE A OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, TIM D 125 NE 1ST AVE., SUITE 1 OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Christopher S. Wiechens	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/8/08	
		Daytime Phone #: 352-622-3214	