

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07313

FILED
Apr 28, 2005
Secretary of State

Entity Name: STRIPLING SQUARE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% ROBERT O STRIPLING, JR
102 NW 2ND AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

% ROBERT O STRIPLING, JR
102 NW 2ND AVE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2570628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRIPLING, ROBERT O JR
102 NW 2ND AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRIPLING, ROBERT O, JR
Address: 102 NW 2ND AVE
City-St-Zip: GAINESVILLE, FL

Title: SD () Delete
Name: EMERSON, DON JR,
Address: 110 NW 2ND AVE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: STRIPLING, SYLVIA A., K.
Address: 102 NORTHWEST SECOND AVENUE
City-St-Zip: GAINESVILLE, FL

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 for the exemption stated in Section 119.07(3)(i), 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: STRIPLING, ROBERT O JR

PD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date