

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N07313

1. Entity Name
STRIPLING SQUARE OWNERS' ASSOCIATION, INC.



Principal Place of Business
% ROBERT O STRIPLING, JR
102 NW 2ND AVE
GAINESVILLE, FL 32601

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



02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2570628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRIPLING, ROBERT O JR
STREET ADDRESS	102 NW 2ND AVE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	SD
NAME	EMERSON, DON JR
STREET ADDRESS	110 NW 2ND AVE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	STRIPLING, SYLVIA A.K.
STREET ADDRESS	102 NORTHWEST SECOND AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/06-80032-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT O. STRIPLING JR 2/8/06 352-376-8898