


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N07313 1. Entity Name STRIPLING SQUARE OWNERS' ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2570628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRIPLING, ROBERT O JR 102 NW 2ND AVE GAINESVILLE, FL 32601

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000689613
04/11/07-80042-005 61.25

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

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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:  **3/29/07** **352-376-8888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #