

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2009  
Secretary of State**

DOCUMENT# N07313

Entity Name: STRIPLING SQUARE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

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

**Current Mailing Address:**

**New Mailing Address:**

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

FEI Number: 59-2570628      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT O. STRIPLING, JR.

P

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date