

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

**FILED**

**May 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N09704**

1. Entity Name  
**GAINESVILLE NORTH CONDOMINIUM WAREHOUSE 2  
OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**4609 B-3 N.W. 6TH ST.  
GAINESVILLE, FL 32609**

Mailing Address  
**4609 B-3 N.W. 6TH ST.  
GAINESVILLE, FL 32609**

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2725929</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CHESHIRE, LARRY H.  
4609 B-3 NW 8 STREET  
GAINESVILLE, FL 32609**

**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 reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHESHIRE, LARRY 4609 B-3 N.W. 6TH ST. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESHIRE, DEAN R 4609 B-3 N.W. 6TH ST. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHESHIRE, KYLE D 4609 B3 NW 6TH ST GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80070-001 140.00

**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:** *Larry H. Cheshire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06  
Date

Daytime Phone #