


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 08:00 AM  
Secretary of State

DOCUMENT # N09908 1. Entity Name GAINESVILLE NORTH CONDOMINIUM WAREHOUSE 3 OWNERS' ASSOCIATION, INC.	
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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
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04262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2725923	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CHESHIRE, LARRY H. 4609 B-3 NW 6TH STREET GAINESVILLE, FL 32609
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**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 resigning) 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 NW 6 ST. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHESHIRE, KYLE D 4609 B-3 NW 6TH ST GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHEUVRONT, ALLEN E 4609 B-3 N.W. 6TH ST. 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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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 CHESHIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-06