

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90067 005 ****61.25

DOCUMENT # N16849 1. Entity Name FOXBRIDGE III OFFICE COMPLEX OWNERS ASSOCIATION, INC.					
Principal Place of Business 2631 NW 41ST ST GAINESVILLE, FL 32606			Mailing Address 4400 N.W. 36TH AVENUE GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box # 2631 NW 41st St.		3. Mailing Address 500 NW 43rd Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 3			
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 59-2739818	
Zip 32606		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIPPE, PATRICIA 4400 N.W. 36TH AVENUE GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N. Central FL Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd Street Suite 3 City Gainesville FL Zip Code 32607			
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 <u><i>Eugene Haufler</i></u> , <u>Eugene Haufler, Pres</u> <u>4/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOST, COY P.O. BOX 13806 GAINESVILLE, FL 32604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURNS, JOE 4639 N.W. 53RD AVENUE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAYES, JACK 2631-D1 N.W. 41ST STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, KEVIN 2631 N.W. 41ST STREET GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, DAVID 5009 N.E. 77TH AVENUE GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>J. Hayes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					