

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16849

FILED
Apr 06, 2009
Secretary of State

Entity Name: FOXBRIDGE III OFFICE COMPLEX OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2631 NW 41ST ST
GAINESVILLE, FL 32606

New Principal Place of Business:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

Current Mailing Address:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607

New Mailing Address:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

FEI Number: 59-2739818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF N CEN FL
500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BOST, COY
Address: P.O. BOX 13806
City-St-Zip: GAINESVILLE, FL 32604

Title: VPD () Delete
Name: BURNS, JOE
Address: 4639 N.W. 53RD AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: STD () Delete
Name: HAYES, JACK
Address: 2631-D1 N.W. 41ST STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: DOWNEY, KEVIN
Address: 2631 N.W. 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: CANNON, DAVID
Address: 5009 N.E. 77TH AVENUE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: COY BOST

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date