

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16849

FILED  
Mar 19, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607

**Current Mailing Address:**

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

**New Mailing Address:**

500 NW 43RD STREET  
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:**

CORNERSTONE PROPERTY SOLUTIONS OF N CEN FL  
500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607 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: EUGENE C. HAUFLE

03/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: COY BOST

P

03/19/2010

Electronic Signature of Signing Officer or Director

Date