

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21685

FILED
May 01, 2006
Secretary of State

Entity Name: FOXBRIDGE III OFFICE CONDOMINIUM MAINTENANCE CORPORATION, INC.

Current Principal Place of Business:

4400 NW 36TH AVENUE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

4400 NW 36TH AVENUE
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-3150396 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRIPPE, PAT
4400 NW 36TH AVENUE
GAINESVILLE, FL 32606 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: 2631 - E1 NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

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

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

Title: D () Delete
Name: CANNON, DAVID
Address: 5009 NE 77 AVE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BURNS, JOE
Address: 4639 NW 53RD AVENUE
City-St-Zip: GAINESVILLE, FL 32606

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 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: JOE BURNS

VPD

05/01/2006

Electronic Signature of Signing Officer or Director

Date