


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90041 027 ****61.25

DOCUMENT # N41725 1. Entity Name C.W. UNIT II CONDOMINIUM ASSN., INC.					
Principal Place of Business 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653 US			Mailing Address 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2495309	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDSEY, GLENDA C/O BOSSHARDT PROPERTY MGT INC 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name <u>CAROL MORALES</u> Street Address (P.O. Box Number is Not Acceptable) <u>90 BOSSHARDT PROPERTY MANAGEMENT INC</u> <u>5522 NW 43 ST. STEP</u> City <u>GAINESVILLE</u> FL <u>32653</u>		
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>Carol Morales</i></u> <u>CAROL MORALES</u> <u>4-18-07</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, 2007		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, MICHAEL		NAME		
STREET ADDRESS	502 NW 16 AVE.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HELMS, HARLIE		NAME	<u>ANIK A ODUKALE</u>	
STREET ADDRESS	502 NW 16 AVE.		STREET ADDRESS	<u>2735-1607 SW 35 PL</u>	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	<u>GAINESVILLE, FL 32608</u>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SERGENT, FRED		NAME	<u>KEYIN FOUST</u>	
STREET ADDRESS	2735-503 SW 35 PL		STREET ADDRESS	<u>2735-404 SW 35 PL</u>	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	<u>GAINESVILLE, FL 32608</u>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HELMS, CODY		NAME	<u>BO SIMIC</u>	
STREET ADDRESS	502 NW 16 AVE		STREET ADDRESS	<u>2735-1606 SW 35 PL</u>	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	<u>GAINESVILLE, FL 32608</u>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, DARREN P		NAME		
STREET ADDRESS	2735-1803 SW 35 PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Michael Warren</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/20/07</u> Daytime Phone # <u>352-375-4600</u>		