

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41725

FILED
Apr 20, 2009
Secretary of State

Entity Name: C.W. UNIT II CONDOMINIUM ASSN., INC.

Current Principal Place of Business:

502 NW 16TH AVENUE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

502 NW 16TH AVENUE
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-2495309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEPNER, KAREN
502 NW 16TH AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

KABLER, PHILIP N
502 NW 16TH AVENUE
GAINESVILLE, FL 32601 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: PHILIP N. KABLER, ESQ.

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARREN, MICHAEL E
Address: 502 NW 16 AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: VPD () Delete
Name: WARREN, PHYLLIS P
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: SD () Delete
Name: SIMIC, BO
Address: 2735 SW 35TH PLACE #1606
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D () Delete
Name: ELDER, JOSHUA
Address: 1802 SW 74TH TERRACE
City-St-Zip: ALACHUA, FL 32615 US

Title: D () Delete
Name: FOUST, KEVIN
Address: 6027 GRAND STRAND AVENUE
City-St-Zip: WESTERVILLE, OH 43081 US

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: MICHAEL E. WARREN

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date