


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001680	
1. Entity Name GLADSTONE COMMERCIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business C/O GLADSTONE REALTY 625 NORTH FLAGLER DRIVE #510 WEST PALM BEACH, FL 33401	Mailing Address C/O GLADSTONE REALTY 625 NORTH FLAGLER DRIVE #510 WEST PALM BEACH, FL 33401
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01132005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0850805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLADSTONE, JONATHAN C/O GLADSTONE REALTY 625 NORTH FLAGLER DRIVE #510 WEST PALM BEACH, FL 33401

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GLADSTONE, JONATHAN C/O 625 NORTH FLAGLER DRIVE #510 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLADSTONE, ARTHUR C/O 625 NORTH FLAGLER DRIVE #510 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDRADE, MANUEL 53 ST. THOMAS DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 	MANUEL ANDRADE	1-13-05	371-8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #