

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 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**



02182007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0850805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/12/07-80029-013 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL ANDRADE, SEC.

Date **2/22/07**

Daytime Phone #

**561
371-8006**