

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001680

1. Entity Name

GLADSTONE COMMERCIAL CENTER PROPERTY
OWNERS ASSOCIATION, INC.



FILED
Sep 19, 2008 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

09092008 No Chg-NP

CR2E037 (4/06)

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 September 12, 2008

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

000000959913
09/19/08-80001-003 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:

Manuel Andrade

MANUEL ANDRADE

9.10.03

561.371.8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #