

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001680

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** GLADSTONE COMMERCIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

234 VIA LINDA  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

234 VIA LINDA  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 65-0850805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLADSTONE, JONATHAN  
C/O GLADSTONE REALTY  
625 NORTH FLAGLER DRIVE #510  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: GLADSTONE, JONATHAN  
Address: C/O 625 NORTH FLAGLER DRIVE #510  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD ( ) Delete  
Name: GLADSTONE, ARTHUR  
Address: C/O 625 NORTH FLAGLER DRIVE #510  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD ( ) Delete  
Name: ANDRADE, MANUEL  
Address: 53 ST. THOMAS DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**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:

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: MANNY ANDRADE

SEC

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date