

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009689

**FILED**  
**Apr 12, 2016**  
**Secretary of State**  
**CC1372145090**

**Entity Name:** THIRTY-NINTH AVENUE OFFICE OWNERS ASSN., INC.

**Current Principal Place of Business:**

CORNERSTONE PROPERTY SOLUTIONS  
3700 NW 91ST STREET A100  
GAINESVILLE, FL 32606

**Current Mailing Address:**

CORNERSTONE PROPERTY SOLUTIONS  
3700 NW 91ST STREET A100  
GAINESVILLE, FL 32606 US

**FEI Number:** 74-3088206

**Certificate of Status Desired:** No

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

CORNERSTONE PROPERTY SOLUTIONS OF NORTH CENTRAL FLORIDA, LLC.  
CORNERSTONE PROPERTY SOLUTIONS  
3700 NW 91ST STREET A100  
GAINESVILLE, FL 32606 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:** EUGENE C. HAUFLER

04/12/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name DERUS, RHONDA  
Address 4421 NW 39TH AVE BLG 2 STE 1  
City-State-Zip: GAINESVILLE FL 32606

Title T  
Name CORNWELL, DAVID  
Address 4421 NW 39TH AVE,BLDG 3  
City-State-Zip: GAINESVILLE FL 32606

Title P  
Name JOHNSON, CARL  
Address 4421 NW 39TH AVE., BLDG 1, STE 2  
City-State-Zip: GAINESVILLE FL 32606

Title VP  
Name ROBERTS, MONICA  
Address 4421 NW 39 AVE., BLDG 1, STE 1  
City-State-Zip: GAINESVILLE FL 32606

*I hereby 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 all other like empowered.*

**SIGNATURE:** CARL JOHNSON

**PRESIDENT**

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date