

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90028 036 ****61.25

DOCUMENT # N15384
1. Entity Name
REBBLE CREEK OFFICE CONDOMINIUM ASSN., INC.



Principal Place of Business Mailing Address
2811 NW 41 ST STE A 2811 NW 41 ST STE A
2811 NW 41ST. ST., SUITE A 2811 NW 41ST. ST., SUITE A
GAINESVILLE FL 32606-6649 GAINESVILLE FL 32606-6649

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
SCARBOROUGH, EARL M.
2811 NW 41 ST STE A
SUITE A
GAINESVILLE FL 32606

4. FEI Number Applied For
59-2726221 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, EARL M.	
STREET ADDRESS	2811 NW 41 ST STE A	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMPSON, DOUGLAS H.	
STREET ADDRESS	2811 N W 41 ST STE C	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, RICHARD E.	
STREET ADDRESS	2811 NW 41 ST STE A	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Earl M. Scarborough* **2-31-04** **352-377-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #