


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003727</b> 1. Entity Name NEWBERRY CREST CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 4410-B NEWBERRY ROAD GAINESVILLE FL 32607		Mailing Address 4410-B NEWBERRY ROAD GAINESVILLE FL 32607
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>same</i>	
City & State	City & State	
Zip	Country	Zip



1st MOORE CR2E037 (10/04)

4. FEI Number <b>NO-T APPLICABLE</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HORSEMAN, MICHAEL</b> <b>4410-B NEWBERRY ROAD</b> <b>GAINESVILLE FL 32601</b>	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: *[Signature]* DATE: *2-3-05*

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HORSEMAN, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4410-B NEWBERRY ROAD	NAME	
STREET ADDRESS	GAINESVILLE FL 32607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	02/08/05-80024-004 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* Michael Horseman DATE: *2-1-05* 352-372-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #