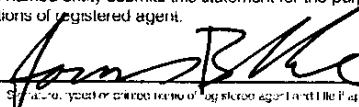
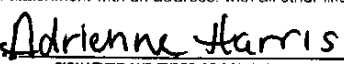


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90060 049 ****61.25

DOCUMENT # 712143 1. Entity Name COLLEGIATE LIVING ORGANIZATION, INC.					
Principal Place of Business 117 N.W. 15TH STREET GAINESVILLE, FL 32603				Mailing Address 117 N.W. 15TH STREET GAINESVILLE, FL 32603	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		00006002 	
City & State		City & State		4. FEI Number 59-0205245	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REVENKO, ALLA 117 NW 15TH ST. N208 GAINESVILLE, FL 32603				7. Name and Address of New Registered Agent Name Blake, Jonas Street Address (P.O. Box Number is Not Acceptable) 117 NW 15th St. 5108 City Gainesville, FL Zip Code 32603	
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  Jonas Blake 7/11/05 Signature of registered agent or person authorized to file this application. (NOTE: Registered Agent's signature required when registering.) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		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 DIRECTIONS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 10		
TITLE WAVL STREET ADDRESS CITY ST ZIP	P PROCHASKA, BARD 117 N.W. 15TH N101 GAINESVILLE, FL 32603	TITLE WAVL STREET ADDRESS CITY ST ZIP	P Adrienne Harris 117 NW 15th St. N203 Gainesville, FL 32603	☒ Delete	☒ Change ☐ Addition
TITLE WAVL STREET ADDRESS CITY ST ZIP	VP LUDWIG, LAWRENCE 117 N.W. 15TH ST S202 GAINESVILLE, FL 32603	TITLE WAVL STREET ADDRESS CITY ST ZIP		☐ Delete	☐ Change ☐ Addition
TITLE WAVL STREET ADDRESS CITY ST ZIP	T REVENKO, ALLA 117 N.W. 15TH ST N208 GAINESVILLE, FL 32603	TITLE WAVL STREET ADDRESS CITY ST ZIP	T Blake, Jonas 117 NW 15th St. 5108 Gainesville, FL 32603	☒ Delete	☒ Change ☐ Addition
TITLE WAVL STREET ADDRESS CITY ST ZIP	S TIGHE, JENNIFER P 117 N.W. 15TH ST N106 GAINESVILLE, FL 32603	TITLE WAVL STREET ADDRESS CITY ST ZIP	S Beckett, Jennifer 117 NW 15th St. N210 Gainesville, FL 32603	☒ Delete	☒ Change ☐ Addition
TITLE WAVL STREET ADDRESS CITY ST ZIP	KM ALVA, MIGUEL 117 N.W. 15TH ST S102 GAINESVILLE, FL 32603	TITLE WAVL STREET ADDRESS CITY ST ZIP	KM Stollar, Archie 117 NW 15th St. S208 Gainesville, FL 32603	☒ Delete	☒ Change ☐ Addition
TITLE WAVL STREET ADDRESS CITY ST ZIP		TITLE WAVL STREET ADDRESS CITY ST ZIP	PR Benton, Erin 117 NW 15th St. N210 Gainesville, FL 32603	☐ Delete	☐ Change ☒ Addition
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  Adrienne Harris 7/25/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY MONTH YEAR					