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.

JUUU6DU6

Principal Place of Business	Mailing Address
117 N.W. 15TH STREET GAINESVILLE, FL 32603	117 N.W. 15TH STREET GAINESVILLE, FL 32603

07112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0205245 ☐ Applied For ☐ Not Applicable

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.
S108
City Gainesville, FL 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 [signature] Jonas Blake 7/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) 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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P PROCHASKA, BARD 117 N.W. 15TH N101 GAINESVILLE, FL 32603	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P Adrienne Harris 117 NW 15th St. N203 Gainesville, FL 32603	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP LUDWIG, LAWRENCE 117 N.W. 15TH ST S202 GAINESVILLE, FL 32603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T REVENKO, ALLA 117 N.W. 15TH ST N208 GAINESVILLE, FL 32603	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T Blake, Jonas 117 NW 15th St. S108 Gainesville, FL 32603	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S TIGHE, JENNIFER P 117 N.W. 15TH ST N106 GAINESVILLE, FL 32603	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S Beckett, Jennifer 117 NW 15th St. N210 Gainesville, FL 32603	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	KM ALVA, MIGUEL 117 N.W. 15TH ST S102 GAINESVILLE, FL 32603	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	KM Stollar, Archie 117 NW 15th St. S208 Gainesville, FL 32603	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PR Benton, Erin 117 NW 15th St. N210 Gainesville, FL 32603	☐ 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 [signature] 7/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #