2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727667

FILED Apr 20, 2007 Secretary of State

Entity Name: BUILDERS ASSOCIATION OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2217 NW 66TH COURT GAINESVILLE, FL 32653 US

Current Mailing Address: New Mailing Address:

2217 NW 66TH COURT GAINESVILLE, FL 32653

FEI Number: 59-1444544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CARPENTER, RONALD A 5608 NW 43RD ST GAINESVILLE, FL 32653 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:

Flacture Complete of Decision 1 Asset

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: PAINTER, JIM Name: COX, ALISON

Address: 2425 NE 19TH DRIVE Address: 5517 SW 69 TERR.
City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete Title: VD (X) Change () Addition Name: BROWN, JAY Name: SCARBOROUGH, BRIAN

 Address:
 3530 NW 43 ST.

 City-St-Zip:
 GAINESVILLE, FL 32605

 Address:
 2811 NW 41 ST.

 City-St-Zip:
 GAINESVILLE, FL 32606

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 COX, ALISON
 Name:
 LESLIE, BRIAN

 Address:
 5517 SW 69TH TERR.
 Address:
 8200 NW 15TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32606

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 LESLIE, BRIAN
 Name:
 BOLTON, ADAM

 Address:
 8200 NW 15TH PLACE
 Address:
 5800 NW 39TH AVE. #101

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

 Name:
 SCARBOROÙGH, BRIAN `
 Name:
 ROCCO, ANDREW `

 Address:
 2811 NW 41 ST.
 Address:
 4404 NW 43 ST. SUITE A

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALISON COX PD 04/20/2007