2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727667

FILED Mar 16, 2009 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 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LESLIE, BRIAN BOLTON, ADAM Name: Name: 8200 NW 15TH PL Address: 1701 NW 80TH BLVD, SUITE 101 Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete Title: (X) Change () Addition ROCCO, ANDREW Name: MCINTOSH, THOMAS Name: Address: 4404 NW 43 ST. SUITE A Address: 4141 NW 37TH PL

City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606 Title: VD. () Delete Title: VD. (X) Change () Addition BOLTON, ADAM OELRICH, IVAN Name: Name:

5800 NW 39TH AVE. #101 25275 NW 8TH PL, SUITE 50 Address: Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: NEWBERRY, FL 32669

Title: TD () Delete Title: TD (X) Change () Addition Name: OELRICH, IVAN Name: HILMAN, DAVID

25275 NW 8TH PL, SUITE 50 3700 NW 91ST STREET, SUITE D400 Address: Address: GAINESVILLE, FL 32606 City-St-Zip: NEWBERRY, FL 32669 City-St-Zip:

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

MCINTOSH, THOMAS RUTAN, RENE Name: Name: 4141 NW 37TH PL 4923 NW 43 ST. #A Address: Address: 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 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: ADAM BOLTON PD 03/16/2009