

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90090 033 ****61.25

DOCUMENT # N00000000172

1. Entity Name

FLORIDA OFFICE PARK ASSOCIATION, INC.



Principal Place of Business

4400 NW 36TH AVENUE
GAINESVILLE FL 32606

Mailing Address

4400 NW 36TH AVENUE
GAINESVILLE FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3626918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPPE, PAT
4400 NW 36TH AVENUE
GAINESVILLE FL 32606

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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

TITLE PD ☒ Delete
NAME WALKER, MARK
STREET ADDRESS 600 NW 43 ST.
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE VD ☒ Delete
NAME ALFINO, PAUL A
STREET ADDRESS 4423 NW 69TH PALCE STE A
CITY-ST-ZIP GAINESVILLE FL 32607-6115

TITLE STD ☐ Delete
NAME HOLLOWAY, SAM
STREET ADDRESS 500 NW 43RD STREET, SUITE 03
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TSD ☐ Change ☒ Addition
NAME Harrison, Kip
STREET ADDRESS 600 NW 43 ST, Ste A-1
CITY-ST-ZIP Gainesville, FL 32606

TITLE D ☐ Change ☒ Addition
NAME Robinson, Tom
STREET ADDRESS 5800 NW 39 AV, Ste 101
CITY-ST-ZIP Gainesville, FL 32606

TITLE PD ☒ Change ☐ Addition
NAME Holloway, Sam
STREET ADDRESS 600C NW 43 ST
CITY-ST-ZIP Gainesville, FL 32607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Samuel D. Holloway

4-06-06