


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90026 031 \*\*\*\*61.25

<b>DOCUMENT # N00000001536</b>	
1. Entity Name <b>SILVERLEAF OFFICE PARK ASSOCIATION, INC.</b>	

Principal Place of Business <b>6208 NW 43RD STREET GAINESVILLE, FL 32606</b>	Mailing Address <b>6208 NW 43RD STREET GAINESVILLE, FL 32606</b>
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**40077899**



2. Principal Place of Business - No P.O. Box # <b>40 WATSON REALTY CORP.</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>4516 NW 23RD AVE</b>	Suite, Apt. #, etc.
City & State <b>GAINESVILLE, FL</b>	City & State
Zip <b>32606</b>	Country <b>USA</b>

01312008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>ROBINSON, G W 6208 NW 43RD STREET GAINESVILLE, FL 32606</b>	
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7. Name and Address of New Registered Agent Name <b>Pollard, Francis C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>40 Watson Realty Corp</b> <b>4516 NW 23rd Avenue</b> City <b>Gainesville</b> FL Zip Code <b>32606</b>	
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 <b>Francis C. Pollard</b>	DATE <b>3-27-08</b>

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBINSON, GW 6208 NW 43RD STREET GAINESVILLE, FL 32653</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GAIN, GLENDA G 6208 NW 43RD STREET GAINESVILLE, FL 32653</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBINSON, KATE M 6208 NW 43RD STREET GAINESVILLE, FL 32653</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **Glenda G. Gain**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/08**

Date

**352  
377-8899**

Daytime Phone #