

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90215 022 \*\*\*\*61.25

**DOCUMENT # N00000006478**

1. Entity Name

**PROGRESS CORPORATE PARK OWNER'S ASSOCIATION, INC.**



Principal Place of Business

**4400 NW 36TH AVE  
GAINESVILLE FL 32606**

Mailing Address

**4400 NW 36TH AVE  
GAINESVILLE FL 32606**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3704165**

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

**MANAGEMENT SPECIALISTS  
4400 NW 36TH AVE  
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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	DP	<input type="checkbox"/> Delete
NAME	HAWLEY, PHILLIP L	
STREET ADDRESS	300 SW 143 ST	
CITY-ST-ZIP	JONESVILLE FL 32669	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHAW, JAMES W	
STREET ADDRESS	13505 N.W. 88HT PLACE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TOMPKINS, DARRYL J	
STREET ADDRESS	PO BOX 519	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WIGGINS, J. ARDENE	
STREET ADDRESS	PO BOX 1857	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUERLE, DAVID	
STREET ADDRESS	13351 PROGRESS BLVD	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #