

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

2006 APR 19 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # N00000008287**

1. Entity Name  
47TH AVENUE PROFESSIONAL PARK PROPERTY  
OWNERS' ASSOCIATION, INC.

Principal Place of Business  
11635 NW 1ST AVENUE  
GAINESVILLE, FL 32607

Mailing Address  
11635 NW 1ST AVENUE  
GAINESVILLE, FL 32607



03012006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3706709	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CURTIS, JOHN M SR.  
11635 NW 1ST AVENUE  
GAINESVILLE, FL 32607

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CURTIS, JOHN M SR.
STREET ADDRESS	11635 NW 1ST AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	TD
NAME	CURTIS, GAIL W
STREET ADDRESS	11635 NW 1ST AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	SD
NAME	CURTIS, JOHN M JR.
STREET ADDRESS	11635 NW 1ST AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06--01017--007 \*\*70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**   
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Curtis  
President

04/17/06 352-332-0838  
Date Daytime Phone #