2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 20, 2007 8:00 am
Secretary of State
02-20-2007 90036 009 ****61.25

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1. Entity Name
8TH AVENUE PROFESSIONAL BUILDING ASSOCIATION, INC.

40020718

Principal Place of Business	Mailing Address
4741 NW 8TH AVENUE GAINESVILLE, FL 32605	4741 NW 8TH AVENUE GAINESVILLE, FL 32605

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01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3722982
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, MELISSA J
703 NE 1ST STREET
GAINESVILLE, FL 32601

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TONNER, JOSEPH A
STREET ADDRESS	4741 NW 8TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	DV
NAME	ROZBORIL, MICHAEL B
STREET ADDRESS	4741 NW 8TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	DST
NAME	CAMACHO, JORGE R
STREET ADDRESS	4741 NW 8TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Michael B Rozboril 2/14/07 352-374-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #