

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003228 1. Entity Name 8TH AVENUE PROFESSIONAL BUILDING ASSOCIATION, INC.	
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Principal Place of Business 4741 NW 8TH AVENUE GAINESVILLE, FL 32605	Mailing Address 4741 NW 8TH AVENUE GAINESVILLE, FL 32605
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3722982	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURPHY, MELISSA J 703 NE 1ST STREET GAINESVILLE, FL 32601

**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.

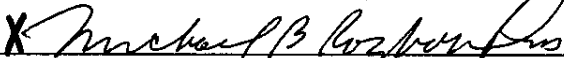
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000825523 02/21/08-80014-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TONNER, JOSEPH A 4741 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROZBORIL, MICHAEL B 4741 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CAMACHO, JORGE R 4741 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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	2/8/08 Date	352-374-9790 Daytime Phone #
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