2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90305 018 ****61.25

DOCUMENT # N01000008081

1. Entity Name
MILLHOPPER OFFICE PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WATSON REALTY CORP. 4516 NW 23RD. AVE. GAINESVILLE, FL 32606 US	C/O WATSON REALTY CORP. 4516 NW 23RD. AVE. GAINESVILLE, FL 32606 US

04042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0330896 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, THOMAS A
C/O WATSON REALTY CORP.
4516 NW 23RD. AVE.
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name: Sophia S. Reitnauer
Street Address (P.O. Box Number is Not Acceptable): c/o Watson Realty Corp. 4516 NW 23rd Ave.
City: Gainesville FL Zip Code: 32606

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: Sophia S. Reitnauer Registered Agent 4-19-05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ROBINSON, JEAN 5800 NW 39TH AVE STE 101 GAINESVILLE, FL 326066972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBINSON, Jean 5800 NW 39th Ave STE 101 Gainesville, Fl. 326066972	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MOTT, BONNIE 4915 NW 43RD. ST. GAINESVILLE, FL 326064460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MOTT, BONNIE 4915 NW 43rd St. Gainesville, Fl. 32606 4460	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ERIC GRAVES 2208 N.W. 98 LANE GAINESVILLE, FL 32603	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bonnie N. Mott 4-22-05 352 373-3132
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #