2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# N01834

Entity Name: 5000 NORTHWEST PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5000 NW 27TH CT.
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

1721 NW 68TH TERRACE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DECARLIS, PASQUALE W.
5000 NW 27TH CT.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DECARLIS, WILLIAM,
Address: 5000 NW 27TH COURT
City-St-Zip: GAINESVILLE, FL

Title: STD ( ) Delete
Name: DECARLIS, PASQUALE W, .
Address: 5000 NW 27TH COURT
City-St-Zip: GAINESVILLE, FL

Title: VD ( ) Delete
Name: MICHAEL, SAWYER
Address: 5000 NW 27TH CT
City-St-Zip: G'VILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DECARLIS, WILLIAM,
Address: 5000 NW 27TH COURT
City-St-Zip: GAINESVILLE, FL 32605

Title: STD (X) Change ( ) Addition
Name: DECARLIS, PASQUALE W, .
Address: 5000 NW 27TH COURT
City-St-Zip: GAINESVILLE, FL 32605

Title: VD (X) Change ( ) Addition
Name: MICHAEL, SAWYER
Address: 5000 NW 27TH CT
City-St-Zip: G'VILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASQUALE W. DECARLIS STD 01/05/2008

Electronic Signature of Signing Officer or Director — Date