2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N02000004043

Entity Name: ALACHUA PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O REAL ESTATE DEPT. U OF F FOUNDATION
2012 W UNIVERSITY AVE
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

PO BOX 14425
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-3447285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAM, LESLIE D
UNIVERSITY OF FLORIDA FOUNDATION, INC.
2012 W UNIVERSITY AVE
GAINESVILLE, FL 32603 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: DPST ( ) Delete
Name: DELANEY, BRUCE D
Address: 2012 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32604

Title: D ( ) Delete
Name: SHORT, DAVID G
Address: PO BOX 12653
City-St-Zip: GAINESVILLE, FL 32604

Title: D ( ) Delete
Name: CHAMBERS, RONALD C
Address: PO BOX 2151
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE D. DELANEY DPST 04/25/2005

Electronic Signature of Signing Officer or Director — Date