

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004043

FILED  
Apr 27, 2007  
Secretary of State

**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 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: BRUCE D DELANEY

DPST

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date