

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004043

FILED
Mar 13, 2012
Secretary of State

Entity Name: ALACHUA PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O DCB GABLES, LC
110 NW 2ND AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

C/O DCB GABLES, LC
110 NW 2ND AVE
GAINESVILLE, FL 32601

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:

EMERSON, WILLIAM J
DCB GABLES, LC
110 NW 2ND AVENUE
GAINESVILLE, FL 32601 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: DP
Name: CHAMBERS, RONALD C
Address: PO BOX 2151
City-St-Zip: LAKE CITY, FL 32056

Title: DST
Name: EMERSON, WILLIAM J
Address: 110 NW 2ND AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: DVP
Name: EMERSON, DON
Address: 110 NW 2ND AVENUE
City-St-Zip: GAINESVILLE, FL 32601

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM EMERSON

DST

03/13/2012

Electronic Signature of Signing Officer or Director

Date