

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -2 AM 9:14

DOCUMENT # N02000007656

1. Entity Name
THE 18TH STREET PROFESSIONAL PARK I
ASSOCIATION, INC.



Principal Place of Business
1721 SE 16TH AVE STE D AKA STE 104
OCALA, FL 34471

Mailing Address
1805 SE 16 AVE
BUILDING 300
OCALA, FL 34471 US

REINSTATEMENT 06



12192006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLANAGAN, GREGORY S ESQ.
2701 S.E. MARICAMP ROAD, STE 104
OCALA, FL 34471

Name
Richard T. Jones
Street Address (P.O. Box Number is Not Acceptable)
204 W. University Avenue
Suite 7
City
Gainesville FL Zip Code
32601

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KASPAR, JOHN	
STREET ADDRESS	1808 SE 32ND LANE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAYLORD, RONALD G	
STREET ADDRESS	3681 SW 52ND TERRACE	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAYLORD, NANCY	
STREET ADDRESS	3681 SW 52ND TERRACE	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	KASPAR, TRACI	
STREET ADDRESS	1808 SE 32ND LANE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GAYLORD, RON	
STREET ADDRESS	3681 SW 52ND TERR	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KASPAR, TRACY	
STREET ADDRESS	1808 SE 32ND LN	
CITY-ST-ZIP	OCALA, FL 34471	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Fox, II	
STREET ADDRESS	2503 SE 19th Circle	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Fox	
STREET ADDRESS	2503 SE 19th Circle	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Walkup	
STREET ADDRESS	1803 SE 16 Avenue, Bld. 500	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-28-06 407-227-2821