

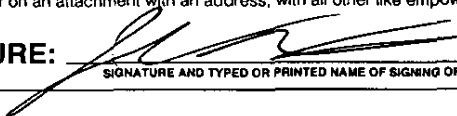


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 19 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|---|--|--|--|
| DOCUMENT # N03000002574 | | | |  | |
| 1. Entity Name ALACHUA GATEWAY CENTER SURFACEWATER MANAGEMENT ASSOCIATION, INC. | | | | | |
| Principal Place of Business 11635 NW 1 AVE GAINESVILLE, FL 32607 | | Mailing Address 11635 NW 1 AVE GAINESVILLE, FL 32607 | |  | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 04122005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 20-0786037 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CURTIS, RYAN C 285 NW 138 TERR STE 100 JONESVILLE, FL 32669 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 13820 West Newberry Rd, Suite 300 | | |
| | | | City Jonesville FL Zip Code 32669 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP CURTIS, JOHN M 11635 NW 1 AVE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST Curtis, Gail W 11635 NW 1st Avenue Gainesville, FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST CURTIS, JOHN M JR 285 NW 138 TERR STE 200 GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CURTIS, RYAN C 285 NW 138 TERR STE 100 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 100054001391 05/06/05--01038--013 **70.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | John M. Curtis Director/President | | 04/12/05 352-332-0838 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |