2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000002574

1. Entity Name

ALACHUA GATEWAY CENTER SURFACEWATER MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

11635 NW 1 AVE GAIESVILLE, FL 32607 Mailing Address

11635 NW 1 AVE GAIESVILLE, FL 32607



FILED

2006 APR 20 AM 10: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



03012006 No Chg-NP

CR2E037 (11/05)

5 Cortificate of Status Desired	- I V 1	\$8.7	_	Additional
20-0786037				Not Applicable
4. FEI Number				Applied For
			_	

Fee Required

6. Name and Address of Current Registered Agent

CURTIS, RYAN C 13820 WEST NEWBERRY ROAD, SUITE 300 JONESVILLE, FL 32669

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	named entity submits this statement for the purplions of registered agent.	oose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: Registered	Agent signature	required when reinstaling)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTO	DRS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CURTIS, JOHN M 11635 NW 1 AVE GAINESVILLE, FL 32607		600072289396				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CURTIS, GAIL W 285 NW 138 TERR STE 200 GAINESVILLE, FL 32607			04/2	00072289396 7/0601017008 **70,00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, RYAN C 285 NW 138 TERR STE 100 GAINESVILLE, FL 32607			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

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:

CITY-ST-ZIP

ਰੋਰhn M. Curtis <u>Director, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO