

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90067 046 \*\*\*\*61.25

**DOCUMENT # N03000006287**



1. Entity Name  
**SPRINGHILL OFFICE CENTER OWNERS ASSOCIATION, INC.**

Principal Place of Business  
**3760 NW 83RD STREET  
SUITE 1  
GAINESVILLE, FL 32607**

Mailing Address  
**3760 NW 83RD STREET  
SUITE 1  
GAINESVILLE, FL 32607**

00040063



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**40 Union Properties Assoc Mgmt Serv, Inc PO Box 357070**  
Suite, Apt. #, etc.  
**4421 NW 39th Ave Bldg 2, Ste 1**

01192007 Chg-NP CR2E037 (12/06)

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

4. FEI Number  
**04-3812381**

Applied For  
Not Applicable

Zip **32606** Country **US**

Zip **32635** Country **US**

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

**HODOR, ANDREW  
3760 NW 83RD STREET, SUITE 1  
GAINESVILLE, FL 32606**

Name **Union Properties Assoc Mgmt Serv, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4421 NW 39th Ave Bldg 2, Ste 1**  
City **Gainesville** FL Zip Code **32606**

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

*Cloneda C. Jones*

**1/19/07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HODOR, ANDREW  
3760 NW 83RD STREET, SUITE 1  
GAINESVILLE, FL 32606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
HODOR, HOWARD  
3760 NW 83RD STREET, SUITE 1  
GAINESVILLE, FL 32606** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
PARRISH, JR, JAMES M.  
3870 NW 83RD STREET  
GAINESVILLE, FL 32606** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
Bette Roysen  
3780 NW 83rd St.  
Gainesville, FL 32606** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
Robert Skidmore  
3700 NW 83rd St  
Gainesville, FL 32606** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/07 (352) 336-3996**  
Daytime Phone #