2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000007642



FILED Apr 27, 2007 8:00 am Secretary of State

1. Entity Name NORTH VILLAGE BUSINESS CENTER ASSOCIATION, INC.							0	4-27-2007 9	0204 038	3 ****61	1.25	
8910 N. DALE MABRY, SUITE 36 161			Mailing Address 16105 N. FLO LUTZ, FL 335	105 N. FLORIDA AVE, SUTIE A			300000.					
Principal Place of Business - No P.O. Box # 3. Mai			3. Mailing Addre	lailing Address								
Suite, Apt. #, etc. Su			Suite, Apt. #,	Suite, Apt. #, etc.			02162007 CI	ng-NP	CR2E037	(12/06)		
City & State C			City & State	ity & State			4. FEI Number Applied F 20-0160266 Not Appli			oplied For ot Applicable		
Zip		Country	Zip	C	Country		5. Certificate of St		□ Fe	3.75 Add e Requires		
	6. Name	and Address of Current F	legistered Agent		N		7. Name and Add	ress of New Rep	istered Age	ent		
SPIVEY, WILLIAM C 16105 N. FLORIDA AVE, SUTIE A				Name Street Address			(P.O. Box Number is Not Acceptable)					
LUTZ, FL 33549				12.14		,	· · · v se l		ă.			
					City_	-	· ·		FL	Zip Code	e _	
	named entitions of regist	y submits this statement for tered agent.	the purpose of cha	nging its regis	stered office or re	registere	ed lagent, or both, in	the State of Florid		niliar with,	and accept	
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SIGNATURE												
SIGNATURE												
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: Regis	stered Agent signature	e required	when reinstating)		DATE			
SIGNATURE	Filing Fe	or printed name of registered agent at e is \$61.25 flay 1, 2007	9. Ele	(NOTE: Regis ction Campaig st:Fund Contrit	n Financing		\$5.00 May Be Added to Fees	l	DATE ke check p a Departm	-		
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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 cath; 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 carry appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Approximation

Approximation (1998)

SIGN	ΔΤΙ	IR	F٠

HARSHA

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Date