2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# N04000012080

Entity Name: HOLLOWAY OFFICE BUILDING ASSOCIATION, INC.

Current Principal Place of Business:

5800 N.W. 39TH AVE.
SUITE 101
GAINESVILLE, FL 32606

New Principal Place of Business:

5800 NW 39TH AVE
SUITE 101
GAINESVILLE, FL 326066972

Current Mailing Address:

5800 N.W. 39TH AVE.
SUITE 101
GAINESVILLE, FL 32606

New Mailing Address:

5800 NW 39TH AVE
SUITE 101
GAINESVILLE, FL 326066972

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, THOMAS A
5800 N.W. 39TH AVE.
SUITE 101
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

ROBINSON, THOMAS A
5800 NW 39TH AVE
SUITE 101
GAINESVILLE, FL 326066972 US

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.

SIGNATURE: _____ 02/04/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ROBINSON, THOMAS A
Address: 5800 N.W. 39TH AVE. SUITE 101
City-St-Zip: GAINESVILLE, FL 32606

Title: DV ( ) Delete
Name: HOLLOWAY, SAMUEL N
Address: 500 N.W. 43RD ST. SUITE 3
City-St-Zip: GAINESVILLE, FL 32607

Title: DST ( ) Delete
Name: BOWERS, PAUL D
Address: 5800 N.W. 39TH AVE. SUITE 101
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ROBINSON, THOMAS A
Address: 5800 NW 39TH AVE SUITE 101
City-St-Zip: GAINESVILLE, FL 326066972

Title: DV (X) Change ( ) Addition
Name: HOLLOWAY, SAMUEL N
Address: 500 NW 43RD ST SUITE 3
City-St-Zip: GAINESVILLE, FL 326076117

Title: DST (X) Change ( ) Addition
Name: BOWERS, PAUL D
Address: 5800 NW 39TH AVE SUITE 101
City-St-Zip: GAINESVILLE, FL 326066972

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL DAVID BOWERS DST 02/04/2005
Electronic Signature of Signing Officer or Director — Date