2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# N04000012080

Entity Name: HOLLOWAY OFFICE BUILDING ASSOCIATION, INC.

Current Principal Place of Business:

5800 NW 39TH AVE
SUITE 101
GAINESVILLE, FL 326066972

New Principal Place of Business:

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

Current Mailing Address:

5800 NW 39TH AVE
SUITE 101
GAINESVILLE, FL 326066972

New Mailing Address:

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

FEI Number: 87-0741546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 D BOWERS DST 01/09/2006

Electronic Signature of Signing Officer or Director — Date