

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002105

FILED  
Jan 17, 2006  
Secretary of State

**Entity Name:** NORTH FLORIDA ASSOCIATION OF REAL ESTATE ATTORNEYS, INC.

**Current Principal Place of Business:**

4703 NW 53RD AVE., SUITE A-3  
GAINESVILLE, FL 326064356

**New Principal Place of Business:**

**Current Mailing Address:**

4703 NW 53RD AVE., SUITE A-3  
GAINESVILLE, FL 326064356

**New Mailing Address:**

**FEI Number:** 37-1505828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHANCE, RAMONA M  
4703 NW 53RD AVE., SUITE A-3  
GAINESVILLE, FL 326064356 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: D ( ) Delete  
Name: CHANCE, RAMONA M  
Address: 4703 NW 53RD AVE., SUITE A-3  
City-St-Zip: GAINESVILLE, FL 326064356

Title: D ( ) Delete  
Name: MURPHY, MELISSA J  
Address: 4703 NW 53RD AVE., SUITE A-3  
City-St-Zip: GAINESVILLE, FL 326064356

Title: D ( ) Delete  
Name: CURTIS, RYAN C  
Address: 4703 NW 53RD AVE., SUITE A-3  
City-St-Zip: GAINESVILLE, FL 326064356

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D/P (X) Change ( ) Addition  
Name: MURPHY, MELISSA J  
Address: 3940 NW 16TH BLVD., BUILDING B  
City-St-Zip: GAINESVILLE, FL 32605

Title: D/T (X) Change ( ) Addition  
Name: CURTIS, RYAN C  
Address: 13820 W. NEWBERRY ROAD  
City-St-Zip: JONESVILLE, FL 32669

Title: VP ( ) Change (X) Addition  
Name: ROSCOW, JOHN F IV  
Address: 5608 NW 43RD STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: S ( ) Change (X) Addition  
Name: CASON, JODI  
Address: 4703 NW 53RD AVENUE, SUITE A-3  
City-St-Zip: GAINESVILLE, FL 32606

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: RAMONA M. CHANCE

D

01/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date