

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002836

FILED
Apr 27, 2009
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

11916 SW 8 AVEUNE
GAINESVILLE, FL 32607

New Principal Place of Business:

1331A SW 13TH STREET
GAINESVILLE, FL 32608

Current Mailing Address:

PO BOX 140926
GAINESVILLE, FL 326140926

New Mailing Address:

FEI Number: 59-2855492 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARIE, HUDSON T
11916 SW 8 AVE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

RICHARD, ASHBROOK J
1331A SW 13TH STREET
GAINESVILLE, FL 32608 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: RICHARD J. ASHBROOK

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, TERRI
Address: P.O. BOX 140926
City-St-Zip: GAINESVILLE, FL 32614

Title: VP () Delete
Name: MIZER, KAREN
Address: 2580 WINDSONG CIRCLE
City-St-Zip: LAKE CITY, FL 32025

Title: TRES () Delete
Name: ASHBROOK, RICHARD
Address: 1331A SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: SEC () Delete
Name: BONABY, JOHN
Address: 3033 NE 19 DRIVE #2
City-St-Zip: GAINESVILLE, FL 32609

Title: DIR () Delete
Name: KING, KISTA
Address: 4440 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: DIR () Delete
Name: MILLER, DAYNA
Address: P.O. BOX 1630
City-St-Zip: ALACHUA, FL 32616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SEC (X) Change () Addition
Name: LABONTE, BRANDON
Address: P.O. BOX 140926
City-St-Zip: GAINESVILLE, FL 32614

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD J. ASHBROOK

TRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date