2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N06000011372

Entity Name: FALG/FT. CLARKE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4423 NW 6TH PLACE
GAINESVILLE, FL 32607

New Principal Place of Business:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

Current Mailing Address:

4423 NW 6TH PLACE
GAINESVILLE, FL 32607

New Mailing Address:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

FEI Number: 20-8322030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALTER, JAMES D
3940 N.W. 16TH BOULEVARD
BUILDING B
GAINESVILLE, FL 32605 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: ALFINO, PAUL A M.D.
Address: 4423 NW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: DVST ( ) Delete
Name: FINALYSON, GORDON C M.D.
Address: 4423 NW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: DST ( ) Delete
Name: GEORGE, SATHISH K
Address: 4423 NW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: LOPEZ-NIETO, CARLOS MD
Address: 4423 NW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ALFINO, PAUL A M.D.
Address: 4423 NW 6TH PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: DVST (X) Change ( ) Addition
Name: FINALYSON, GORDON C M.D.
Address: 4423 NW 6TH PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: DST (X) Change ( ) Addition
Name: GEORGE, SATHISH K
Address: 4423 NW 6TH PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change ( ) Addition
Name: LOPEZ-NIETO, CARLOS MD
Address: 4423 NW 6TH PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

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: SATHISH K. GEORGE DST 01/30/2009

Electronic Signature of Signing Officer or Director — Date