2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N09177

Entity Name: OAKBROOK OF GAINESVILLE ASSOCIATION, INC.

Current Principal Place of Business:

C/O MACOR REALTY, INC.
10404 SW 24TH AVE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

C/O MACOR REALTY, INC.
10404 SW 24TH AVE
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2586600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MACOR REALTY, INC.
10404 SW 24TH AVE
GAINESVILLE, FL 32607 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: PD ( ) Delete
Name: MATTHEWS, JIM
Address: 12641 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete
Name: ZWEMER, JONAH
Address: 1224-F SW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: TD ( ) Delete
Name: SANDERS, ERIC
Address: 1218-F SW 16TH AVE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: KAY, LINDA
Address: 13042 FIDDLERS CREEK RD
City-St-Zip: JACKSONVILLE, FL 32224

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

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: LISA BEUNING RA 05/01/2005

Electronic Signature of Signing Officer or Director — Date