

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 016 ****61.25

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DOCUMENT # N39015 1. Entity Name THE FAMILY CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O NFRMC P.O. BOX 147006 GAINESVILLE, FL 32614-7006 US			Mailing Address C/O NFRMC P.O. BOX 147006 GAINESVILLE, FL 32614-7006 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3051721	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
QUINLIVAN, JOHN 6500 NEWBERRY RD GAINESVILLE, FL 32605				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 7/17/06					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINLIVAN, JOHN P O BOX 147006 GAINESVILLE, FL 326147006	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENFIELD, ORENE 2 MD 6440 WEST NEWBERRY ROAD STE 202 GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, GREG MD 6440 NEWBERRY ROAD STE 502 GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, THOM MD 6440 NEWBERRY ROAD, SUITE 408 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYSEN, BETTE M.D. 6440 WEST NEWBERRY ROAD SUITE 111 GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wyatt, Michael MD 6440 W Newberry Rd., STE 402 Gainesville, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director million, Amy MD 6440 W Newberry Rd., STE 502 Gainesville, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Agrios, Anthony MD 6440 W Newberry Rd., STE 111 Gainesville, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 7/17/06 352-333-4102					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					