


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**  
**RECEIVED**  
**FEB 28 2007**

<b>DOCUMENT # N39015</b> 1. Entity Name THE FAMILY CENTER CONDOMINIUM ASSOCIATION, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



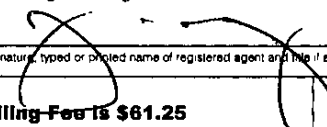
02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3051721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  QUINLIVAN, JOHN 6500 NEWBERRY RD GAINESVILLE, FL 32605
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**DO NOT WRITE  
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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:  **FEB 16, 2007**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000664192 03/22/07-80035-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINLIVAN, JOHN P O BOX 147006 GAINESVILLE, FL 326147006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYATT, MICHAEL MD 6440 WEST NEWBERRY RD SUITE 402 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLION, AMY MD 6440 NEWBERRY ROAD STE 502 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, THOM MD 6440 NEWBERRY ROAD, SUITE 408 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGRIOS, ANTHONY MD 6440 WEST NEWBERRY ROAD SUITE 111 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **John Quinlivan** **2/21/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #