

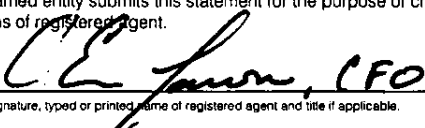
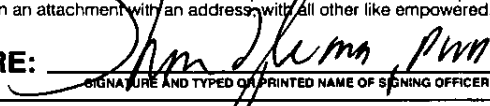


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90021 047 ****61.25

| | | | |
|---|--|---|--|
| 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 6400 W. Newberry Rd Suite 110 Gainesville, FL Zip Country 32605 US | |
| | |  | |
| | | 01212008 Chg-NP CR2E037 (12/06) | |
| | | 4. FEI Number 59-3051721 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent QUINLIVAN, JOHN 6500 NEWBERRY RD GAINESVILLE, FL 32605 | | 7. Name and Address of New Registered Agent Name Eric Lawson Street Address (P.O. Box Number is Not Acceptable) 6500 W. Newberry Rd City Gainesville FL Zip Code 32605 | |
| 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  Eric Lawson, CFO <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE 2/5/08 | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | D | TITLE | D |
| NAME | QUINLIVAN, JOHN | NAME | Eric Lawson |
| STREET ADDRESS | P O BOX 147006 | STREET ADDRESS | P.O. Box 147006 |
| CITY-ST-ZIP | GAINESVILLE, FL 326147006 | CITY-ST-ZIP | Gainesville FL 32614-7006 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | D | TITLE | |
| NAME | WYATT, MICHAEL MD | NAME | |
| STREET ADDRESS | 6440 WEST NEWBERRY RD SUITE 402 | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32605 | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D | TITLE | |
| NAME | MILLION, AMY MD | NAME | |
| STREET ADDRESS | 6440 NEWBERRY ROAD STE 502 | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32605 | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D | TITLE | |
| NAME | TYLER, THOM MD | NAME | |
| STREET ADDRESS | 6440 NEWBERRY ROAD, SUITE 408 | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32605 | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D | TITLE | |
| NAME | AGRIOS, ANTHONY MD | NAME | |
| STREET ADDRESS | 6440 WEST NEWBERRY ROAD SUITE 111 | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32605 | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <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:  | | Date 02/07/08 Daytime Phone # 352-333-5000 | |