

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39015

FILED
Feb 03, 2009
Secretary of State

Entity Name: THE FAMILY CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O NFRMC
P.O. BOX 147006
GAINESVILLE, FL 326147006 US

New Principal Place of Business:

C/O NFRMC
6500 W NEWBERRY ROAD
GAINESVILLE, FL 32605 US

Current Mailing Address:

6400 W. NEWBERRY RD
SUITE 110
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-3051721 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAWSON, ERIC
6500 NEWBERRY RD
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: D () Delete
Name: LAWSON, ERIC
Address: P O BOX 147006
City-St-Zip: GAINESVILLE, FL 326147006

Title: D () Delete
Name: WYATT, MICHAEL MD
Address: 6440 WEST NEWBERRY RD SUITE 402
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: MILLION, AMY MD
Address: 6440 NEWBERRY ROAD STE 502
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: TYLER, THOM MD
Address: 6440 NEWBERRY ROAD, SUITE 408
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: AGRIOS, ANTHONY MD
Address: 6440 WEST NEWBERRY ROAD SUITE 111
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ERIC LAWSON

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date