
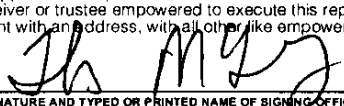


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90240 016 ****61.25

DOCUMENT # N92000000918					
1. Entity Name METROCORP CENTER OF GAINESVILLE OWNERS ASSOCIATION, INC.					
Principal Place of Business 1731 NW 6 ST A GAINESVILLE, FL 32609 US			Mailing Address 1731 NW 6 ST A GAINESVILLE, FL 32609 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3167843	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ED BAUR MGMT., INC 1731 NW 6 ST, STE A GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 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	P MCINTOSH, THOMAS 4141 NW 37TH PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KABLER, PHILIP 502 NW 16TH AVENUE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DARWIN, HOLLY 4041-A NW 37TH PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALBEKORD, SAM 4121-A NW 37TH PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DALY, KEVIN ONE SE FIRST AVE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, TWYLA 4121 A NW 37 PL GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					