

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003550

1. Entity Name
**GAINESVILLE DENTAL ARTS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2121 N.W. 40TH TERRACE
GAINESVILLE, FL 32606**

Mailing Address
**2121 N.W. 40TH TERRACE
GAINESVILLE, FL 32606**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3308315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CATON, RANDALL B
2121 N.W. 40TH TERRACE
SUITE C
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CATON, RANDALL B
STREET ADDRESS 4826 N.W. 19TH PLACE
CITY-ST-ZIP GAINESVILLE, FL

TITLE D
NAME CATON, PATRICIA W
STREET ADDRESS 4826 N.W. 19TH PLACE
CITY-ST-ZIP GAINESVILLE, FL

TITLE SD
NAME ERBES, DONALD C
STREET ADDRESS 2610 N.W. 38TH DRIVE
CITY-ST-ZIP GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000316653
04/19/05-80083-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Randall B. Caton* **RANDALL B. CATON** *4-15-05* *352 378 2525*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #