


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 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
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01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3308315	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 CATON, RANDALL B 2121 N.W. 40TH TERRACE SUITE C GAINESVILLE, FL 32606

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CATON, RANDALL B 4826 N.W. 19TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CATON, PATRICIA W 4826 N.W. 19TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ERBES, DONALD C 2610 N.W. 38TH DRIVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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: Randall B. Caton 3/27/06 352 378 2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #