2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N94000003550

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

FILED Mar 29, 2006 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3308315

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATON, RANDALL B 2121 N.W. 40TH TERRACE SUITE C

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GAINESVI	LLE, FL 32606	_			
	named entity submits this statement for ions of registered agent.	r the purpose of changing its register	ed office or re	gistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent of	and rite if applicable. (NOTE: Registere	ed Agent signature	required when rainstaling)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Fina: Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	+ executor - + - + - +7	Property of the property of th	The state of the s
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	PD CATON, RANDALL B 4826 N.W. 19TH PLACE GAINESVILLE, FL			Legal Services and the services are services and the services and the services and the services are services and the services and the services are services are services and the services are services are services and the services are services are services are services are services are services are services ar	
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TITLE NAME STREET ADDRESS GITY-ST-ZIP	SD ERBES, DONALD C 2610 N.W. 38TH DRIVE GAINESVILLE, FL			DO	#4/12/05 #0001-010 61.25 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1111 1 <u>-0</u>		THIS SPACE
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TITLE			1	*, * * * * * * * * * * * * * * * * * *	A simple of the state of the st

12. I hereby certify that the information supplied with this filling 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 apport 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:

3/27/06

352 37F 2525

SIGNATURE: 4

STREET ADDRESS

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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