

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90006 045 ***150.00

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**

90010000



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3308315

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

RANDALL B. CATON

2-4-08 352 318-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #