

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

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90060 050 ****61.25

DOCUMENT # N95000005091

1. Entity Name
I-75 AND ARCHER ROAD, NORTHEAST QUADRANT
OWNERS ASSOCIATION, INC.



Principal Place of Business
2012 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32604

Mailing Address
2012 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32604

50062601



08172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3388975

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

BRAM, LESLIE D
2012 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32604

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

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUGHS, DAVID J
STREET ADDRESS	800 JESSE JEWELL PKWY
CITY - ST - ZIP	GAINESVILLE, GA
TITLE	PTSD
NAME	DELANEY, BRUCE
STREET ADDRESS	2012 W. UNIVERSITY AVENUE
CITY - ST - ZIP	GAINESVILLE, FL 32603
TITLE	D
NAME	POTTSCHMIDT, ERIC
STREET ADDRESS	6961 LENOIR AVE.
CITY - ST - ZIP	JACKSONVILLE, FL 32216
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 exemption stated in Section 119.07(3)(l), 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: Bruce Delaney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/2005 (352)392-5405
Date Daytime Phone #