

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N950000Q5091

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



01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3388975	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

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

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

(NOTE: Registered Agent signature required when reinstalling)

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	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	

100000380459
01/11/06-80014-023 61.25

**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 empowerments.

SIGNATURE: Bruce D. DeLaney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/06

Date

352-392-5405

Daytime Phone #