

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006177

1. Entity Name
**CELLON CREEK INDUSTRIAL PARK OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2012 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32603**

Mailing Address
**P.O. BOX 14425
GAINESVILLE, FL 32604**



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3567660

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

**DELANEY, BRUCE D
2012 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32603**

**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, 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
**PTSD
DELANEY, BRUCE D
2012 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHAMBERS, RONALD C
4045 N.W. 43RD STREET
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATERS, PAM
2012 W UNIVERSITY AVENUE
GAINESVILLE, FL 32603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000385012
01/17/06-80037-023 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 117, 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 D. DeLaney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/2006 352-392-5405

Date

Daytime Phone