


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90025 038 \*\*\*\*61.25

<b>DOCUMENT # N99000004696</b>					
1. Entity Name <b>FORT CLARKE BUSINESS CENTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>4400 NW 36TH AVENUE GAINESVILLE, FL 32606</b>			Mailing Address <b>4400 NW 36TH AVENUE GAINESVILLE, FL 32606</b>		
2. Principal Place of Business - No P.O. Box # <b>500 NW 43rd Street</b>			3. Mailing Address <b>500 NW 43rd Street</b>		
Suite, Apt. #, etc. <b>Suite 3</b>			Suite, Apt. #, etc. <b>Suite 3</b>		
City & State <b>Gainesville FL</b>			City & State <b>Gainesville FL</b>		
Zip <b>32607</b>	Country <b>USA</b>	Zip <b>32607</b>	Country <b>USA</b>	4. FEI Number <b>82-0569830</b> <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>TRIPPE, PAT 4400 NW 36TH AVENUE GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent  Name <b>Cornerstone Property Solutions of N. Central FL</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 NW 43rd Street</b> <b>Suite 3</b> City <b>Gainesville</b> FL Zip Code <b>32607</b>		
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 <u><i>Eugene Haufen</i></u> DATE <u><b>5-1-08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALTER, DAVID 1601 NW 80TH BLVD. GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINGART, BRECK 8200 NW 15TH PLACE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUPPE, DENNIS 10215 SW 17TH PLACE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARR, MARK POB 5549 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>[Signature]</i></u>		<u><b>4/21/08</b></u> <u><b>352 332-1882</b></u> <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					