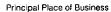
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000009809**

1. Entity Name

47TH AVENUE PROFESSIONAL PARK BUILDING 3 CONDOMINIUM OWNERS' ASSOCIATION, INC.



11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607

Mailing Address

11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607



2006 APR 19 AM 10: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



03012006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3706706 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CURTIS, JOHN M 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607

## DO NOT WRITE IN THIS SPACE

				•••	THIO OF AGE		
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered office	ice or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acc	ept	
SIGNATURE.	Signature, typed or printed name of registered agent and title i	t applicable. (NOTE: Registered Agent	cionalure	real stand when reinstating)	DATE		
	Signature, typed or printed name of registered agent and time i	applicable. (NOTE: registered Agent	Signature	redoiled when remotating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, JOHN M SR. 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAINESVILLE, FL 32607  D CURTIS, RYAN C			000072298830 04/27/0601020014 **158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		

12. I hereby certify that the information supplied with this filling 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 607, 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.

John M. Curtis

<u>Director</u>

352-332-0838

SIGNATURE #

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U1 rector
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR