


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # N01834</b>  |   |                                  |
| 1. Entity Name<br>5000 NORTHWEST PROFESSIONAL CENTER<br>CONDOMINIUM ASSOCIATION, INC.   |   |   |
| Principal Place of Business<br>5000 NW 27TH CT.<br>GAINESVILLE, FL 32606 US   |   | Mailing Address<br>1721 NW 68TH TERRACE<br>GAINESVILLE, FL 32605 US   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |
|   |   | 01122004 No Chg-NP CR2E037 (10/03)  |
| 4. FEI Number<br>NOT APPLICABLE   |   | Applied For<br>Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional<br>Fee Required   |
| 6. Name and Address of Current Registered Agent<br><br>DECARLIS, PASQUALE W.<br>5000 NW 27TH CT.<br>GAINESVILLE, FL 32606   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)</small> DATE _____   |   |   |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>DECARLIS, WILLIAM<br>5000 NW 27TH COURT<br>GAINESVILLE, FL      |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>DECARLIS, PASQUALE W.<br>5000 NW 27TH COURT<br>GAINESVILLE, FL |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>MICHAEL, SAWYER<br>5000 NW 27TH CT<br>GAINESVILLE, FL           |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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>Pasquale W De Carlis</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | 1-13-04 352-331-6087<br><small>Daytime Phone #</small>  |