

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N01834

1. Entity Name
5000 NORTHWEST PROFESSIONAL CENTER
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5000 NW 27TH CT.
GAINESVILLE, FL 32606 US

Mailing Address

1721 NW 68TH TERRACE
GAINESVILLE, FL 32605 US



01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

DECARLIS, PASQUALE W.
5000 NW 27TH CT.
GAINESVILLE, FL 32606

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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, 2005**

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	PD DECARLIS, WILLIAM 5000 NW 27TH COURT GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DECARLIS, PASQUALE W. 5000 NW 27TH COURT GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHAEL, SAWYER 5000 NW 27TH CT GAINESVILLE, FL
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01/10/05-80074-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Pasquale W. De Carli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #