


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N01834 |  |
| 1. Entity Name 5000 NORTHWEST PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 5000 NW 27TH CT. GAINESVILLE, FL 32606 US | Mailing Address 1721 NW 68TH TERRACE GAINESVILLE, FL 32605 US |
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01032007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DECARLIS, PASQUALE W. 5000 NW 27TH CT. GAINESVILLE, FL 32606 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| Filing Fee is \$81.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| 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 G'VILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| U00000538684 01/17/07-80083-012 61.25 |
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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.

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| SIGNATURE: <u>Pasquale W. De Carlis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>1-13-07</u> <small>Date</small> | <small>Daytime Phone #</small> |
|---|---------------------------------------|------------------------------------|

1721 NW 68th Terrace