

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01834

FILED  
Jan 31, 2009  
Secretary of State

**Entity Name:** 5000 NORTHWEST PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5000 NW 27TH CT.  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

1721 NW 68TH TERRACE  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DECARLIS, WILLIAM,  
Address: 5000 NW 27TH COURT  
City-St-Zip: GAINESVILLE, FL 32605

Title: STD ( ) Delete  
Name: DECARLIS, PASQUALE W.,  
Address: 5000 NW 27TH COURT  
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete  
Name: MICHAEL, SAWYER  
Address: 5000 NW 27TH CT  
City-St-Zip: G'VILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASQUALE W. DECARLIS

STD

01/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date